No. <b>C 181474</b>		Due no later than Jan 31, 2013			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHAEL F WILLIAMS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CHIROPRACTIC INTEGRITY NETWORK, INC. MICHAEL F WILLIAMS 13900 W WAINWRIGHT DR STE 103 BOISE ID 83713		13900 W WAINWRIGHT DR STE 103 BOISE ID 83713  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	MICHAEL F.	WILLIAMS	13900 W. WAINWRIGHT D	R. SUITE 10	3BOISE	ID	USA	83713
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael Williams			Date: 11/07/2012			
C 181474		Name (type or print): Michael Williams			Title: President			
Processed 11/07/2012 * Electronically provided signatures are accepted as original signatures.								