No. **C 175884**	**Due no later than Nov 30, 2013** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** CHIROPRACTIC SPINE CARE, INC. MICAH RANDALL 10108 W OVERLAND RD STE B BOISE ID 83709	MICAH RANDALL 10108 W OVERLAND RD STE B BOISE ID 83709 3. New Registered Agent Signature:*

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
DIRECTOR	ANDREA B RANDALL	12539 W. HORSHAM DR.	BOISE	ID	USA	83709
PRESIDENT	MICAH L RANDALL	10108 W. OVERLAND RD. STE B	BOISE	ID	USA	83709

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 175884**	Signature: Micah Randall	Date: 09/23/2013
	Name (type or print): Micah Randall	Title: President

Processed 09/23/2013

* Electronically provided signatures are accepted as original signatures.