No. C 112845 Return to:	Due no later than Dec 31, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. PRICE CHIROPRACTIC CENTER, CHARTERED DAVID N PRICE 9508 FAIRVIEW BOISE ID 83704		Registered Agent and Address (NO PO BOX) DAVID N PRICE 9508 FAIRVIEW BOISE ID 83704 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
NO FILING FEE IF RECEIVED BY DUE DATE						
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
SECRETARY VALYNN PRESIDENT DAVID N			EAGLE EAGLE	ID ID	USA USA	83616 83616
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID.	Signature: David N. Price	Price Date: 12/11/2009				
C 112845	Name (type or print): David N. Price		Title: President			
Processed 12/11/2009	* Electronically provided signatures are accepted as original signatures.					