

No. <b>C 139243</b>		<b>Due no later than May 31, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> NORTH IDAHO CHIROPRACTIC, P.A. LUCIA S THOMPSON PO BOX 3152 COEUR D ALENE ID 83816 USA		LUCIA S THOMPSON 1109 E SHERMAN AVE COEUR D'ALENE ID 83814-4154			
				3. <u>New</u> 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	
PRESIDENT	LUCIA S THOMPSON	PO BOX 3152	COEURD'ALENE	ID	USA	83816-2519	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 139243</b>		Signature: Lucia S. Thompson				Date: 03/25/2014	
		Name (type or print): Lucia S. Thompson				Title: President	
Processed 03/25/2014		* Electronically provided signatures are accepted as original signatures.					