No. **C 179078**	**Due no later than Jun 30, 2014**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** RIVER CITY CHIROPRACTIC, INC. SCOTT N CRAWFORD 1109 E POLSTON AVE POST FALLS ID 83854	SCOTT N CRAWFORD 1109 E POLSTON AVE POST FALLS ID 83854 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
PRESIDENT	SCOTT N CRAWFORD	1109 E POLSTON AVENUE	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 179078**	Signature: Scott Crawford Name (type or print): Scott Crawford	Date: 04/14/2014 Title: President

Processed 04/14/2014

* Electronically provided signatures are accepted as original signatures.