

No. C 128513	Due no later than April 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX R BARRY SAMS 1500 W BARRETT MERIDIAN, ID 83642	
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 applicable SAMS' CHIROPRACTIC, P.C. R BARRY SAMS 1500 W BARRETT MERIDIAN, ID 83642		3. <u>New</u> Registered Agent Signature	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.				
<u>Office held</u> <u>Name</u> <u>Street or P.O. Address</u> <u>City</u> <u>State</u> <u>Zip</u>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> PRESIDENT SECRETARY TREAS. </div> <div style="width: 15%;"> Dr. R. Barry Sams Dr. R. Barry Sams </div> <div style="width: 20%;"> 1500 W. BARRETT 1500 W. BARRETT </div> <div style="width: 15%;"> MERIDIAN MERIDIAN </div> <div style="width: 10%;"> IDAHO IDAHO </div> <div style="width: 20%;"> 83642 83642 </div> </div>				
5. Organized Under the Laws of: IDAHO C 128513		6. Signature <u>Dr. R. Barry Sams</u> Date <u>2/23/05</u> Name (Type or Printed) <u>Dr. R. Barry Sams</u> Title <u>OWNER</u>		

Issued 02/01/2005

Do Not Tape or Staple

200504004496