

No. C 137219	Due no later than Jan 31, 2014 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. SUNNYSIDE CHIROPRACTIC, P.A. 3456 E 17TH #140 IDAHO FALLS ID 83406	J ADAM CLEVERLEY DC 3330 HANDLY AVE IDAHO FALLS ID 83404	
		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	ADAM CLEVERLY	3360 S 15TH E	IDAHO FALLS ID USA 83404-8321
5. Organized Under the Laws of: ID C 137219	6. Annual Report must be signed.* Signature: Robert Crandall Name (type or print): Robert Crandall		Date: 11/19/2013 Title: Attorney
Processed 11/19/2013		* Electronically provided signatures are accepted as original signatures.	