

No. C 127853		Due no later than Mar 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. HEALTHY FAMILY CHIROPRACTIC, P.C. KATHERINE P. GARNER 107 14TH AVE S NAMPA ID 83651 USA		CARL R GLAETTLI II 107 14TH AVE SOUTH NAMPA ID 83651			
						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	
SECRETARY	KATHERINE P. GARNER	404 E. MARYLAND AVE	NAMPA	ID	USA	83686	
VICE PRESIDENT	JOSEPH N. GLAETTLI	P.O. BOX 302	NOTUS	ID	USA	83656	
5. Organized Under the Laws of: ID C 127853		6. Annual Report must be signed.* Signature: Katherine P. Garner Name (type or print): Katherine P. Garner					
Processed 02/04/2014		* Electronically provided signatures are accepted as original signatures. Date: 02/04/2014 Title: Secretary/Office Manager					