No. C 172062		Due no later than Mar 31, 2013	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	DR JASON	DR JASON WATSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed ACTIVE CHIROPRACTIC, P.C. DR JASON WATSON 1521 E BOISE AVE BOISE ID 83706	BOISE ID	1521 E BOISE AVE BOISE ID 83706 3. New Registered Agent Signature:*			
RECEIVED B		ness Addresses of President, Secretary, and Directors. Tre	asuror (ontional)				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JASON WAT		BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jason Watson	Date: 01/17/2013				
C 172062		Name (type or print): Jason Watson	Title: President				
Processed 01/17/20	13	* Electronically provided signatures are accepted as origi	nal signatures.				