

|  |                |   |       |  |         |             |  |
|--|----------------|---|-------|--|---------|-------------|--|
| No. <b>C 112845</b>  |                | <b>Due no later than Dec 31, 2010</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>PRICE CHIROPRACTIC CENTER, CHARTERED<br>DAVID N PRICE<br>9508 FAIRVIEW<br>BOISE ID 83704 |       | DAVID N PRICE<br>9508 FAIRVIEW<br>BOISE ID 83704   |         |             |  |
|  |                |   |       | 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  | VALYNN C PRICE | 2291 N. GREENVIEW CT  | EAGLE | ID   | USA     | 83616       |  |
| PRESIDENT  | DAVID N PRICE  | 2291 N. GREENVIEW CT  | EAGLE | ID   | USA     | 83616       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 112845</b>  |                | 6. Annual Report must be signed.*<br>Signature: David N Price<br>Name (type or print): David N Price<br>Date: 10/10/2010<br>Title: President              |       |  |         |             |  |
| Processed 10/10/2010   |                | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |