

No. C 112845		Due no later than Dec 31, 2010 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. PRICE CHIROPRACTIC CENTER, CHARTERED DAVID N PRICE 9508 FAIRVIEW BOISE ID 83704		DAVID N PRICE 9508 FAIRVIEW 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: ID C 112845		6. Annual Report must be signed.* Signature: David N Price Name (type or print): David N Price Date: 10/10/2010 Title: President					
Processed 10/10/2010		* Electronically provided signatures are accepted as original signatures.					