

1.) CORPORATION NAME: The Foundation For Chiropractic Progress	DUE DATE: 1/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KENT S GREENAWALT 518 POCAHONTAS AVE NE ROANOKE, VA	SCC ID NO: 06298467
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: P.O. BOX 560 CITY/ST/ZIP: CARMICHAEL, CA 95609	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KENT GREENAWALT TITLE: PRES/CHRMN ADDRESS: 518 POCAHONTAS AVE CITY/ST/ZIP/CO: ROANOKE, VA 24012	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: DWAYNE BENNETT TITLE: VICE PRESIDENT ADDRESS: 518 POCAHONTAS AVENUE NE CITY/ST/ZIP/CO: ROANOKE, VA 24012	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: W KENDALL BROWN TITLE: SECRETARY ADDRESS: 558 28TH ST CITY/ST/ZIP/CO: DES MOINE, IA 50312	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: GARY CUNEO TITLE: COO ADDRESS: 4866 KIPLING DRIVE CITY/ST/ZIP/CO: CARMICHAEL, CA 95608	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ GARY CUNEO	GARY CUNEO, COO	12/12/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.