

Receipt Number: 1519038

File Number **FB030833**



CERTIFICATE_OF_AUTHORITY

For

BOONE FAMILY CHIROPRACTIC, P.C. (IA)

Filed at the request of:

GREG LONG
BOONE FAMILY CHIROPRACTIC
6301 S MINNESOTA STE 200
SIOUX FALLS SD 57108

*State of South Dakota
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **Monday, July 31, 2006**

Secretary of State

Fee Received: \$550.00

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

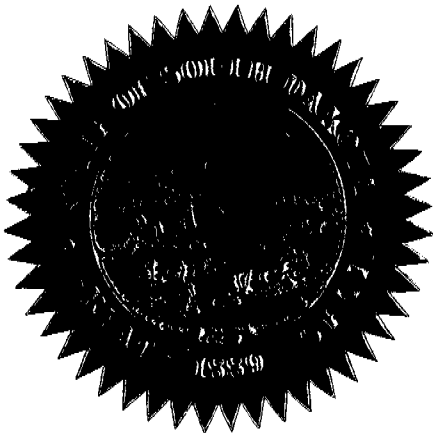
Certificate of Authority

ORGANIZATIONAL ID #: FB030833

I, **Chris Nelson**, Secretary of State of the State of South Dakota, hereby certify that the Application for a Certificate of Authority of **BOONE FAMILY CHIROPRACTIC, P.C. (IA)** to transact business in this state duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Authority and attach hereto a duplicate of the application to transact business in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this July 31, 2006.



Chris Nelson

Chris Nelson
Secretary of State

346 1588



Secretary of State, Corporations Division
500 E. Capitol Avenue, Pierre SD 57501
Phone 605-773-4845, Fax 605-773-4550

RECEIVED

JUL 31 '06

S.D. SEC. OF STATE

Filed this 31st day of July, 2006
Application for Certificate of Authority
FILING FEE: \$550

FILING INSTRUCTIONS: A foreign corporation may apply for a certificate of authority to transact business in South Dakota by delivering this application to the Office of the Secretary of State for filing. One ORIGINAL and One COPY of the application must be submitted. This application must include a CERTIFICATE OF EXISTENCE, or a document of similar import, duly authenticated by the secretary of state or other official having custody of corporate records in the state or country under whose law it is incorporated.

(1) The name of the corporation is (exact corporate name including corporation, company, incorporated, limited or an abbreviation of one of such words)
Boone Family Chiropractic, PC

(2) State where incorporated Iowa (3) The date of its incorporation is May 10, 2000
and the period of its duration is Perpetuity

(4) The address of its principal office in the state or country under the laws of which it is incorporated is 1320 S. Marshall
Boone, Iowa Zip Code 50036

mailing address if different from above is: 6301 S. Minnesota Ave., Suite 200
Sioux Falls, SD Zip Code 57108

(5) The street address, or a statement that there is no street address, of its registered office in the State of South Dakota is
6301 S. Minnesota Ave., Suite 200 Sioux Falls, SD Zip Code 57108

and the name of its registered agent in the State of South Dakota at that address is Gregory Long

(6) The names and usual business addresses of its current directors and officers are:

Name	Officer Title	Street Address	City	State	Zip
<u>Gregory Long</u>	<u>President</u>	<u>6301 S. Minnesota</u>	<u>Sioux Falls</u>	<u>South Dakota</u>	<u>57108</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The application must be signed by an authorized officer of the corporation.

Date: 7-27-06

Gregory Long
Signature

Gregory Long
Printed Name
President
Title

FBO 30833

The Consent of Appointment below must be signed by the registered agent listed in number five.

Consent of Appointment by the Registered Agent

I, Gregory Long, hereby give my consent to serve as the registered agent for Boone Family Chiropractic

(name of registered agent)
(corporate name)

Dated 7-27 20 06

Gregory Long
(signature of registered agent)

Date: 07/10/2006

IOWA

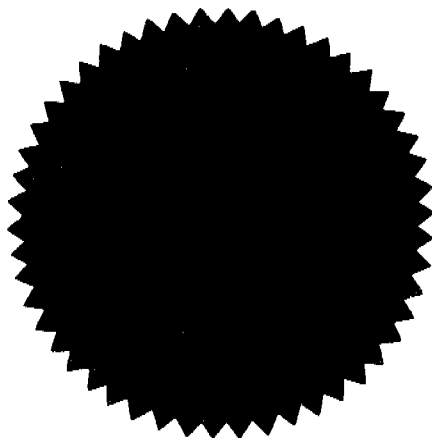
SECRETARY OF STATE

496CDP-000240704
BOONE FAMILY CHIROPRACTIC, P.C.
PETERSON & HOUSTON PC
K. HOUSTON
724 STORY ST STE 601
BOONE, IA 50036

CERTIFICATE OF EXISTENCE

Name: BOONE FAMILY CHIROPRACTIC, P.C.
Date of Incorporation: 05/10/2000
Duration: PERPETUAL

I, CHESTER J. CULVER, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.



Chester J. Culver

CHESTER J. CULVER SECRETARY OF STATE



271 1120

2007

ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILE DATE 01/03/08
RECEIPT NO. 1752212

RECEIVED
JAN 03 2008

S.D. SEC. OF STATE

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

1. Corporate Name and Mailing Address:

Boone Family Chiropractic, P.C. 102 North Main Street Viborg, SD 57070	FBO30833
--	-----------------

Telephone # 605-766-2225
FAX #

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ **ATTENTION - FILING INSTRUCTIONS** ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report. **ANY CHANGE requires full completion of the form.**

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of Iowa and the address of its principal office in the state of incorporation is 2222 Grand Avenue, Des Moines, Iowa Zip + 4 50312
3. The address of its registered office in South Dakota is 102 North Main Street Viborg, South Dakota Zip + 4 57070
and the name of its registered agent at that address is Gregory Long
4. Provide a brief description of the nature of the business Operation of chiropractic business.

5. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
Gregory Long	Director	102 North Main Street	Viborg	SD	57070
Gregory Long	President	102 North Main Street	Viborg	SD	57070
Gregory Long	Secretary	102 North Main Street	Viborg	SD	57070
Gregory Long	Treasurer	102 North Main Street	Viborg	SD	57070

6. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
10,000	Common	N/A

7. NUMBER OF ISSUED AND OUTSTANDING SHARES

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
1,000	Common	N/A

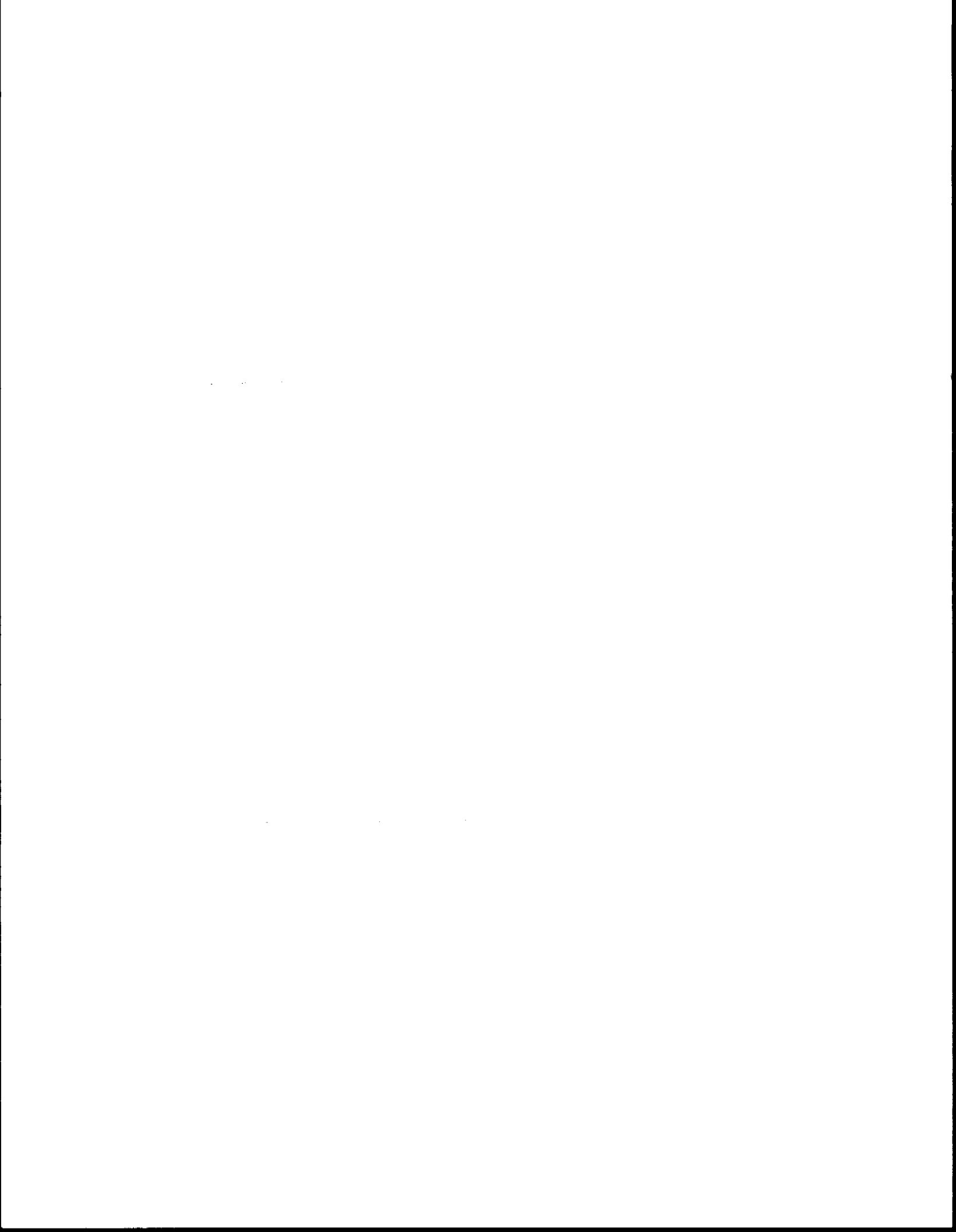
The statement may be signed by any authorized officer of the Corporation.
Dated 12-26-07

Gregory Long
Signature

Gregory Long
Printed Name

President
Title





Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT Foreign

Please Type or Print Clearly in Ink

FILING FEE: \$30 Make check payable to SECRETARY OF STATE

1. Corporate Name and Mailing Address:

Boone family Chiropractic PC.
102 N main street
Viborg SD 57070-5307

FB030833

FILE DATE 7/9/08
RECEIPT NO 1813190
RECEIVED
JUL 09 2008
S.D. SEC. OF STATE

Telephone # _____
FAX # _____
FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

2. The jurisdiction under whose law it is formed Iowa

3. The address of the principal executive office in or out of the State of South Dakota.

102 N main Viborg SD 57070
Street Address City State ZIP+4
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent Gregory Long

102 N main Viborg SD 57070
Street Address (Required to be a South Dakota Address) City State ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

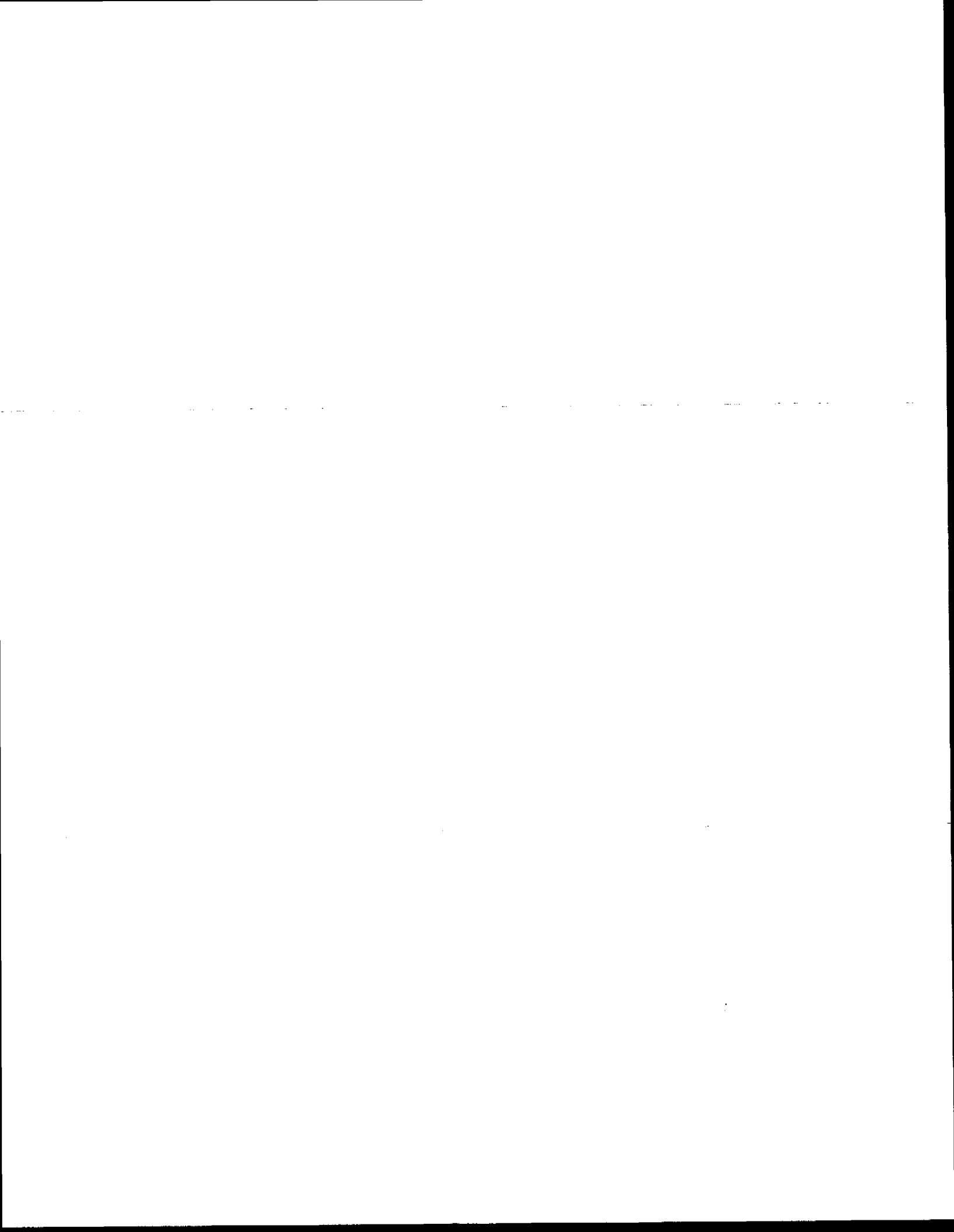
5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input checked="" type="checkbox"/>	Greg Long	102 N main	Viborg	SD	57070
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Greg Long	102 N main	Viborg	SD	57070
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Greg Long	102 N main	Viborg	SD	57070
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Greg Long	102 N main	Viborg	SD	57070
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

Dated 7-8-08

Gregory Long
(Signature of an authorized officer)
Gregory Long
(Printed Name)
President
(Title)

278 1852



Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

2009

ANNUAL REPORT Foreign

Please Type or Print Clearly In Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE	07/13/09
RECEIPT NO.	1929008
RECEIVED	
JUL 13 2009	
S.D. SEC. OF STATE	

1. Corporate Name and Mailing Address:

FB030833

Boone Family Chiropractic P.C.
102 North Main Street
Viborg SD 57070

Telephone #	_____
FAX #	_____
FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.	

2. The jurisdiction under whose law it is formed Iowa

3. The address of the principal executive office in or out of the State of South Dakota.

102 N Main	Viborg	sd	57070
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

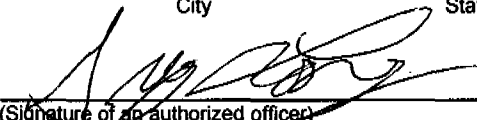
4. The name of the South Dakota Registered Agent Gregory Long

102 N Main	Viborg	sd	57070
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input checked="" type="checkbox"/>	Greg Long	102 N Main	Viborg	sd	57070
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Greg Long	102 N Main	Viborg	sd	57070
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Greg Long	102 N Main	Viborg	sd	57070
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Greg Long	102 N Main	Viborg	sd	57070
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

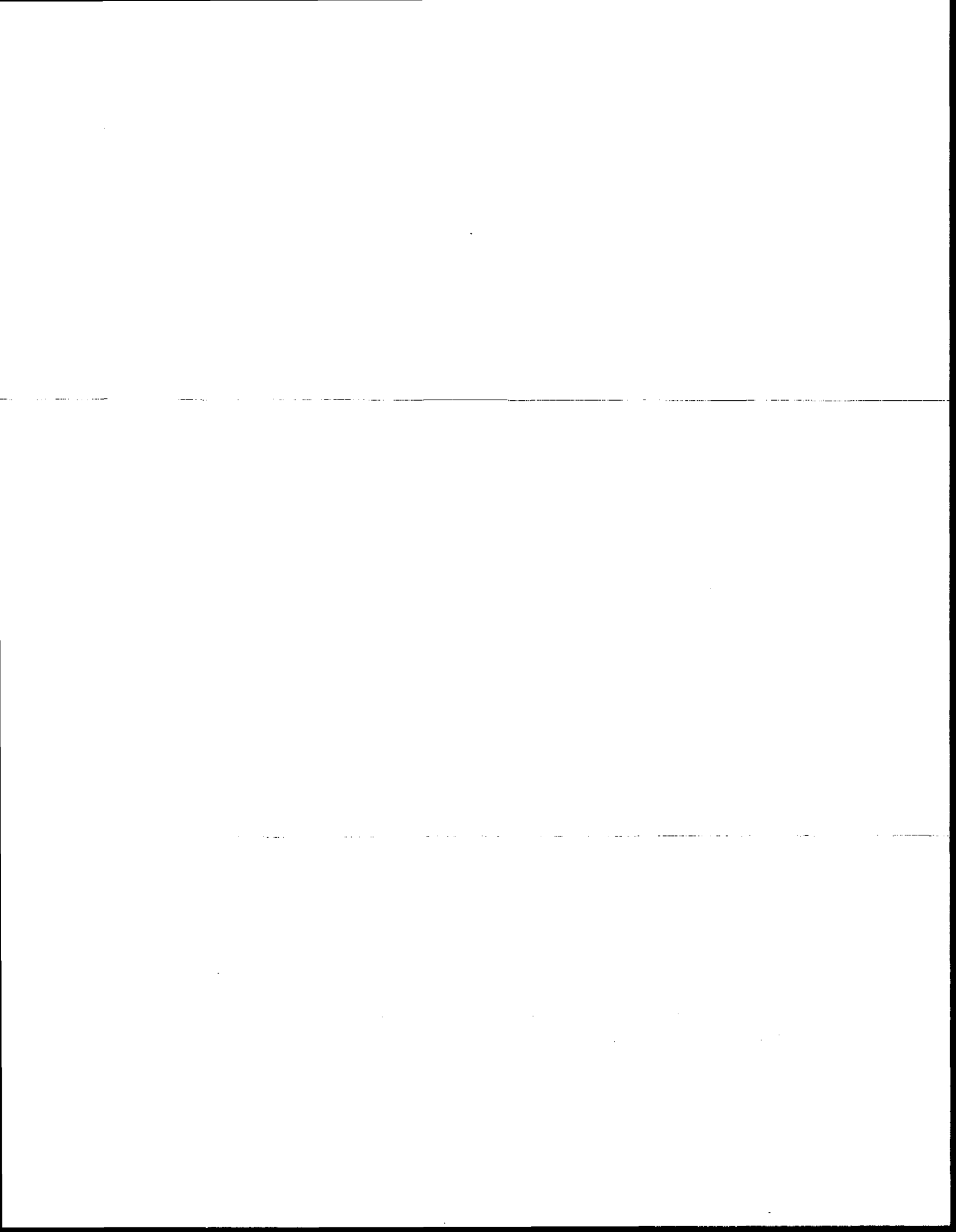
Dated 07-07-09


(Signature of an authorized officer)

Greg Long
(Printed Name)

President
(Title)

293 0892



Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4846

ANNUAL REPORT

Foreign

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

1. Corporate Name and Mailing Address:

Boone Family Chiropractic, P.C.
102 N Main Street
Viborg, SD 57070

FB030833

FILE DATE	<u>07/29/10</u>
RECEIPT NO	<u>2052910</u>
RECEIVED	
JUL 29 2010	
S.D. SEC. OF STATE	

Telephone #	_____
FAX #	_____
FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.	

2. The jurisdiction under whose law it is formed Iowa

3. The address of the principal executive office in or out of the State of South Dakota.

102 N Main	Viborg	sd	57070
Street Address	City	State	ZIP+4
Mailing Address (Optional)			
	City	State	ZIP+4

4. The name of the South Dakota Registered Agent Gregory Long

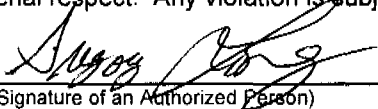
102 N Main	Viborg	sd	57070
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address)			
	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input checked="" type="checkbox"/>	Gregory Long	102 N Main	Viborg	SD	57070
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Gregory Long	102 N Main	Viborg	SD	57070
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Gregory Long	102 N Main	Viborg	SD	57070
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Gregory Long	102 N Main	Viborg	SD	57070
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	Director	Street Address	City	State	ZIP+4

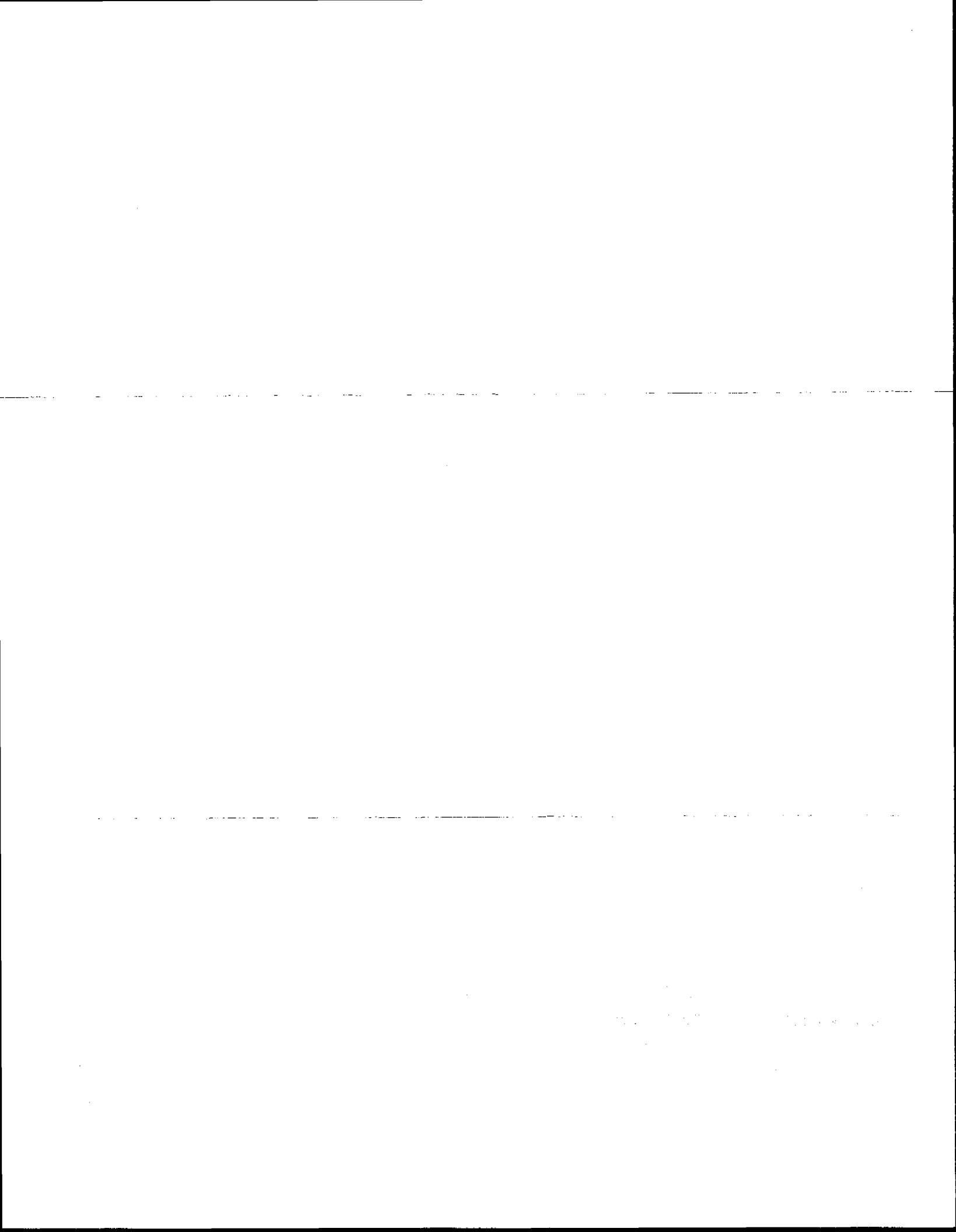
No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated


(Signature of an Authorized Person)

Gregory Long
(Printed Name)

200 3300 0822 802



2011

Enter Filing Year

ANNUAL REPORT Foreign

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE	7-22-11
RECEIPT NO	2170605
RECEIVED	
JUL 27 2011	
S.D. SEC. OF STATE	

Telephone # _____

1. Corporate Name and Mailing Address:

~~FB03833~~ **FB030833**
Boone Family Chiropractic, P.C.
102 North Main Street
Viborg, SD 57070

2. The jurisdiction under whose law it is formed Iowa

3. The address of the principal executive office (business address).

102 North Main Street	Viborg	sd	57070
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4
Email Address			

4. The name of the South Dakota Registered Agent Gregory Long

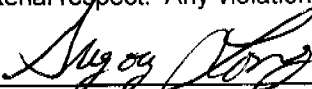
102 North Main Street	Viborg	sd	57070
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
Email Address			

5. The names and addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input checked="" type="checkbox"/>	Gregory Long	102 North Main Street	Viborg	sd	57070
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Gregory Long	102 North Main Street	Viborg	sd	57070
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Gregory Long	102 North Main Street	Viborg	sd	57070
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	Gregory Long	102 North Main Street	Viborg	sd	57070
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated _____


(Signature of an Authorized Person)

Email greglo@hotmail.com

Gregory Long
(Printed Name)

323 3670



2012

Enter Filing Year

ANNUAL REPORT

FILE 7/10/2012

RECEIPT NO 51277

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

FOREIGN

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

1. Corporate Name and Address:

FB030833
BOONE FAMILY CHIROPRACTIC, P.C.
102 NORTH MAIN STREET
VIBORG, SD 57070-5307

2. The jurisdiction under whose law it is formed IOWA

3. The address of the principal executive office (business address).

102 NORTH MAIN STREET VIBORG SD 57070-5307
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: GREGORY LONG

102 NORTH MAIN STREET VIBORG SD 57070-2529
Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

Table with 5 columns: Name, Title, Street Address, City, State, ZIP+4. Rows include GREGORY SCOTT LONG as President, Vice President, Secretary, and Treasurer, and two empty rows for Director positions.

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 07/10/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

GREGORY S LONG

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

FOREIGN

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE 8/8/2013

RECEIPT NO 133856

1. Corporate Name and Address:

FB030833
BOONE FAMILY CHIROPRACTIC, P.C.
102 NORTH MAIN STREET
VIBORG, SD 57070-5307

2. The jurisdiction under whose law it is formed IOWA

3. The address of the principal executive office (business address).

102 NORTH MAIN STREET	VIBORG	SD	57070-5307
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
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4. The name of the South Dakota Registered Agent

Agent Name: GREGORY LONG

102 NORTH MAIN STREET	VIBORG	SD	57070-2529
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input checked="" type="checkbox"/>	GREGORY SCOTT LONG	102 N MAIN	VIBORG	SD	57070
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREGORY SCOTT LONG	102 N MAIN	VIBORG	SD	57070
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREGORY SCOTT LONG	102 N MAIN	VIBORG	SD	57070
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREGORY SCOTT LONG	102 N MAIN	VIBORG	SD	57070
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 08/08/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

GREGORY S LONG

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

FOREIGN

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE DATE 7/10/2014

RECEIPT NO 215679

1. Corporate Name and Address:

FB030833
BOONE FAMILY CHIROPRACTIC, P.C.
102 NORTH MAIN STREET
VIBORG, SD 57070-5307

2. The jurisdiction under whose law it is formed IOWA

3. The address of the principal executive office (business address).

102 NORTH MAIN STREET	VIBORG	SD	57070-5307
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
-----------------	------	-------	-------

4. The name of the South Dakota Registered Agent

Agent Name: GREGORY LONG

102 NORTH MAIN STREET	VIBORG	SD	57070-2529
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
---	------	-------	-------

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input checked="" type="checkbox"/>	GREGORY SCOTT LONG	102 N MAIN	VIBORG	SD	57070
	President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREGORY SCOTT LONG	102 N MAIN	VIBORG	SD	57070
	Vice President	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREGORY SCOTT LONG	102 N MAIN	VIBORG	SD	57070
	Secretary	Street Address	City	State	ZIP+4
<input checked="" type="checkbox"/>	GREGORY SCOTT LONG	102 N MAIN	VIBORG	SD	57070
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Dated 07/10/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

GREGORY S LONG

(Printed Name)

2015

ANNUAL REPORT

FILE DATE 8/13/2015

Enter Filing Year

FOREIGN

RECEIPT NO 327070

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

SDCL 47-27-18, 59-11-24

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

1. Corporate Name and Address:

FB030833

BOONE FAMILY CHIROPRACTIC, P.C.

Telephone #

2. The jurisdiction under whose law it is formed IOWA

3. The address of the principal executive office (business address).

102 NORTH MAIN STREET VIBORG SD 57070-5307

Actual Street Address or Rural Route Box Number City State ZIP+4

Mailing Address, if Different from Street Address City State ZIP+4

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: GREGORY LONG

102 NORTH MAIN STREET VIBORG SD 57070-2529

Actual Street Address or Rural Route Box Number in This State City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

Email Address (Optional)

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

X GREGORY SCOTT LONG 102 N MAIN VIBORG SD 57070
President Actual Street Address City State ZIP+4

X GREGORY SCOTT LONG 102 N MAIN VIBORG SD 57070
Vice President Actual Street Address City State ZIP+4

X GREGORY SCOTT LONG 102 N MAIN VIBORG SD 57070
Secretary Actual Street Address City State ZIP+4

X GREGORY SCOTT LONG 102 N MAIN VIBORG SD 57070
Treasurer Actual Street Address City State ZIP+4

Director

Actual Street Address

City

State

ZIP+4

Director

Actual Street Address

City

State

ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.

Dated

Email _____
(Optional)

Signature Accepted Electronically

(Signature of an Authorized Person)

GREG LONG

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically.
A fee of up to \$40 will be assessed for returned payments.

8/13/2015 10:31:36 AM