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An equal opportunity employer

May 14, 2012

ROBERT D CANTWELL

7701 FORSYTH BLVD SUITE 500 ST LOUIS, MO 63105

Re: F-5844 UPPER CERVICAL HEALTH CENTERS LLC UPPER CERVICAL HEALTH CENTERS OF AMERICA F/A

Dear Mr. Cantwell:

The Annual Report has been reviewed and is in compliance with Minnesota Statute Chapter 80C and Minnesota Rules Chapter 2860.

This means that there continues to be an effective registration statement on file and that the franchisor may offer and sell the above-referenced franchise in Minnesota.

The franchisor is not required to escrow franchise fees, post a Franchise Surety Bond or defer receipt of franchise fees during this registration period.

As a reminder, the next annual report is due within 120 days after the franchisor's fiscal year end, which is December 31, 2012.

Sincerely,

MIKE ROTHMAN Commissioner

By:

Daniel Sexton Commerce Analyst Supervisor Registration Division (651) 296-4520

MR:DES:dlw

UNIFORM FRANCHISE REGISTRATION APPLICATION - MINNESOTA

	File No.:	<u> </u>
S	State: <u>Minnesota</u> Fee: <u>\$2</u>	State of Minnesota Dati of Communication
APPLIC	CATION FOR (Check only one):	APR 27 2012
	INITIAL REGISTRATION OF AN OFFER AND S.	ALE OF FRANCHISES
X	RENEWAL APPLICATION OR ANNUAL REPOR	٢
	PRE-EFFECTIVE AMENDMENT	
	POST-EFFECTIVE MATERIAL AMENDMENT	

1. Full legal name of Franchisor:

Upper Cervical Health Centers, Inc.

2. Name of the franchise offering:

Upper Cervical Health Centers of America

3. Franchisor's principal business address.

10816 Black Dog Lane, Suite 120 Charlotte, NC 28214

4. Name and address of Franchisor's agent in the State of Minnesota authorized to receive process.

Minnesota Department of Commerce Market Assurance Division 85 7th Place East, Suite 500 St. Paul, MN 55101-2198

5. The states in which this proposed registration application is or will be shortly on file:

North Carolina Corporation

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed.

5-14-12 AIR





Robert D. Cantwell 7701 Forsyth Blvd., Suite 500 St. Louis, MO 63105 Telephone: (314) 613-2800 Facsimile: (314) 613-2801 Email: rcantwell@lathropgage.com

CERTIFICATION

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of __________attached as an exhibit, and that all material facts stated in those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certif cation on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at St. Louis, Missouri, April 20, 2012

Upper Cervical Health Centers, Inc.

Name: <u>Ray T. Drury</u>

Title: President

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

Personally appeared before me this ______ day of April, 2012 the above-named Ray T. Drury, D.C. to me known to be the person who executed the foregoing application and being first duly sworn stated upon oath that said application, and all exhibits submitted herewith, are true and correct.

) ss.

Knote Varke (Notary)

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