

No. C 157154		Due no later than Nov 30, 2015 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. STORK SPINAL CARE, P.C. ROBERT A STORK DC 1961 N LOCUST GROVE RD MERIDIAN ID 83646 USA		ROBERT A STORK DC 1961 N LOCUST GROVE RD MERIDIAN ID 83646			
						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	
PRESIDENT	ROBERT A STORK DC	1961 N. LOCUST GROVE RD.	MERIDIAN	ID	USA	83646-8364	
SECRETARY	KELLY S. MIX-STORK	1961 N. LOCUST GROVE RD.	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID C 157154		6. Annual Report must be signed.* Signature: Robert A. Stork Name (type or print): Robert A. Stork					
		Date: 09/18/2015 Title: President					
Processed 09/18/2015		* Electronically provided signatures are accepted as original signatures.					