| No. **C 148295** | **Due no later than Mar 31, 2015**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>CHIROPRACTIC & REHABILITATION, P.C.<br>ROBIN W KING<br>1523 FAIRVIEW AVENUE<br>CALDWELL ID 83605 | ROBIN KING<br>1523 FAIRVIEW AVE<br>CALDWELL 83605<br><br>3. New 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 | ROBIN W KING | 1523 FAIRVIEW AVE | CALDWELL | ID | USA | 83605-4609 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**C 148295** | Signature: ROBIN KING<br>Name (type or print): ROBIN KING | Date: 01/25/2015<br>Title: PRESIDENT |

Processed 01/25/2015

* Electronically provided signatures are accepted as original signatures.