

No. <b>C 151889</b>		<b>Due no later than Nov 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HOLLAND CHIROPRACTIC & REHABILITATION, P.C. JOHN H HOLLAND 2086 ADDISON AVE E TWIN FALLS ID 83301		JOHN HOLLAND 2086 ADDISON AVE E TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
SECRETARY	STEPHANIE L HOLLAND	2086 ADDISON AVE EAST	TWIN FALLS	ID	USA	83301-5306	
PRESIDENT	JOHN H HOLLAND	2086 ADDISON AVE EAST	TWIN FALLS	ID	USA	83301-5306	
5. Organized Under the Laws of:  <b>ID</b> <b>C 151889</b>		6. Annual Report must be signed.*  Signature: john holland Name (type or print): john holland					
		Date: 09/17/2015 Title: president					
Processed 09/17/2015		* Electronically provided signatures are accepted as original signatures.					