

No. C 204660		Due no later than Jan 31, 2018 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. PAULA J MURPHY CHIROPRACTIC, INC. PAULA J MURPHY 223 W STATE ST STE B BOISE ID 83702		PAULA J MURPHY, D.C. 223 W STATE ST STE B BOISE ID 83702			
						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	PAULA JEAN MURPHY	223 W STATE ST STE B	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID C 204660		6. Annual Report must be signed.* Signature: Paula J Murphy, D.C. Name (type or print): Paula J Murphy, D.C.					
		Date: 01/11/2018 Title: President					
Processed 01/11/2018 * Electronically provided signatures are accepted as original signatures.							