

No. <b>C 166117</b>		<b>Due no later than Apr 30, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> SALMON RIVER CHIROPRACTIC, INC. LANCE S INGWERSEN, D.C. 104 S DAISY ST STE A SALMON ID 83467		LANCE S INGWERSEN, D.C. 104 S DAISY ST STE A SALMON ID 83467		
				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
DIRECTOR	JENNIFER V COFFEY, D.C.	104 S DAISY ST STE A	SALMON	ID	USA	83467
DIRECTOR	LANCE S INGWERSEN, D.C.	104 S DAISY ST STE A	SALMON	ID	USA	83467
SECRETARY	JENNIFER V COFFEY, D.C.	104 S DAISY ST STE A	SALMON	ID	USA	83467
PRESIDENT	LANCE S INGWERSEN, D.C.	104 S DAISY ST STE A	SALMON	ID	USA	83467
5. Organized Under the Laws of:  <b>ID C 166117</b>		6. Annual Report must be signed.* Signature: Lance S. Ingwersen, D.C. Name (type or print): Lance S. Ingwersen, D.C.  Date: 04/20/2016 Title: President				
Processed 04/20/2016		* Electronically provided signatures are accepted as original signatures.				