| No. C 178661 | | Section and the second supplies to the second section of the second section of the second section (second section section) | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|---|------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CHIROHEALTH, P.C. JARED L. HANSON D.C. 1965 S EAGLE RD STE 120 MERIDIAN ID 83642 | | | PERRY LAW PC 1965 S EAGLE RD STE 120 MERIDIAN ID 83642 3. New Registered Agent Signature:* | | | |
| | | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Na | ames and Busin | ess Addresses of P | resident, Secretary, and Directors. Treasur | er (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | JARED L. HANSON D.C. | | 1965 S. EAGLE RD. SUITE 120 | MERIDIAN | ID | USA | 83642 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Jared Hanson | | | Date: 05/15/2018 | | | |
| C 178661 | | Name (type or | | Title: President | | | | |
| Processed 05/15/2018 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |