

No. C 113148		Due no later than Dec 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CRANE CHIROPRACTIC, CHARTERED TROY W CRANE PO BOX 608 BURLEY ID 83318		TROY W CRANE 251 E 300 S BURLEY ID 83318	
				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	TROY W CRANE	702 G STREET	RUPERT	ID	83350
5. Organized Under the Laws of: ID C 113148		6. Annual Report must be signed.* Signature: TROY W CRANE Name (type or print): TROY W CRANE Date: 01/08/2018 Title: DIRECTOR			
Processed 01/08/2018		* Electronically provided signatures are accepted as original signatures.			