

No. <b>C 148295</b>	<b>Due no later than Mar 31, 2018</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CHIROPRACTIC & REHABILITATION, P.C. ROBIN W KING 1523 FAIRVIEW AVENUE CALDWELL ID 83605	ROBIN KING 1523 FAIRVIEW AVE CALDWELL ID 83605	
		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	ROBIN W KING	1523 FAIRVIEW AVE	CALDWELL ID USA 83605-4609
5. Organized Under the Laws of:  <b>ID C 148295</b>	6. Annual Report must be signed.* Signature: RWKINGDC Date: 01/30/2018 Name (type or print): RWKINGDC Title: PRESIDENT		
Processed 01/30/2018		* Electronically provided signatures are accepted as original signatures.	