No. **C 164278**	**Due no later than Jan 31, 2015** **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.** WIGHT CHIROPRACTIC, P.A. GARY C WIGHT 203 N HOLMES AVE IDAHO FALLS ID 83401	GARY CHRISTOPHER WIGHT 203 N HOLMES AVE IDAHO FALLS 83401 3. New 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
SECRETARY	ERIN R WIGHT	2906 NORTH BLISS DRIVE	IDAHO FALLS	ID	USA	83401
PRESIDENT	GARY C WIGHT	203 NORTH HOLMES AVE	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 164278**	Signature: Gary C Wight	Date: 12/09/2014
	Name (type or print): Gary C Wight	Title: President

Processed 12/09/2014

* Electronically provided signatures are accepted as original signatures.