| No. <b>C 123906</b>  |                         |   | Due no later than May 31, 2017  | 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  NO FILING FEE IF RECEIVED BY DUE DATE |                         | Annual Report Form  1. Mailing Address: Correct in this box if needed.  HENZE CHIROPRACTIC, P.A.  MICHAEL T. HENZE  9211 W OVERLAND RD  BOISE ID 83709  USA |   | 2160 S TWI           | ROBERT C. MONTGOMERY CHTD 2160 S TWIN RAPID WAY BOISE ID 83642-8364  3. New Registered Agent Signature:* |            |                |  |
|  |                         |   |   |                      |  |            |                |  |
| 4. Corporations: Enter Na<br>Office Held   | ames and Busine<br>Name | ess Adaress   | es of President, Secretary, and Directors. Treasu<br>Street or PO Address | city                 | State  | Country    | Postal Code    |  |
| TREASURER<br>PRESIDENT   | TAMARA J H<br>MICHAEL T |   | 2606<br>2606  | MERIDIAN<br>MERIDIAN | ID<br>ID   | USA<br>USA | 83642<br>83642 |  |
| 5. Organized Under the Laws of:  |                         | 6. Annual F   | Report must be signed.*   |                      |  |            |                |  |
| ID   |                         | Signatur  | e: Michael Henze  |                      | Date: 07/02/2017   |            |                |  |
| C 123906   |                         | Name (t   | ype or print): Michael Henze  |                      | Title: President   |            |                |  |
| Processed 07/02/2017   |                         | * Electronic  | ally provided signatures are accepted as original                         | cianaturos           |  |            |                |  |