

No. C 170212		Due no later than Dec 31, 2014		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. SHELLEY CHIROPRACTIC, P.A. TRAVIS R WILKINS 851 N SKYLINE DR IDAHO FALLS ID 83402		TRAVIS R WILKINS 851 N SKYLINE DR IDAHO FALLS 83402			
				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	
SECRETARY	BERNICE WILKINS	851 N SKYLINE DR.	IDAHO FALLS	ID	USA	83402	
PRESIDENT	TRAVIS R WILKINS	851 N SKYLINE DR.	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID C 170212		6. Annual Report must be signed.* Signature: Bernice Wilkins Name (type or print): Bernice Wilkins Date: 10/15/2014 Title: Secretary					
Processed 10/15/2014		* Electronically provided signatures are accepted as original signatures.					