No. C 128513		Due no later than Apr 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SAMS' CHIROPRACTIC, P.C. ROBERT B SAMS 940 E CAROL MERIDIAN ID 83646		R BARRY SAMS 940 E CAROL MERIDIAN ID 83646 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ness Addresses of Preside	ent Secretary and Directors Treasurer	(ontional)			
Office Held	Name	iess / tadi esses of i reside	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	ROBERT B S	SAMS	940 E CAROL	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID C 128513		6. Annual Report must be signed.* Signature: Dr. R. B. Sams Name (type or print): Dr. R. B. Sams		Date: 02/22/2016 Title: President			
Processed 02/22/2016		* Electronically provided signatures are accepted as original signatures.					