No. C 165294		Due no later than Feb 28, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DR IRWIN MULNICK		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BACK COUNTRY CHIROPRACTIC AND WELLNESS CENTER, INC. DR IRWIN MULNICK PO BOX 1005 MCCALL ID 83638	MCCALL ID	201 PARK ST MCCALL ID 83638 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE		PICCALL ID 03030				
4. Corporations: Enter Nan	nes and Busi	ness Addresses of President, Secretary, and Directors. Treasure	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	IRWIN MUL	NICK POB 1005	MCCALL	ID	USA	83638
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: shyann henggeler	Date: 03/06/2018			
C 165294		Name (type or print): shyann henggeler	Title: accountant			
Processed 03/06/2018 * Electronically provided signatures are accepted as original signatures.						