

No. C 140349		Due no later than Aug 31, 2018 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. CHANDLER CHIROPRACTIC, P.A. THAD CHANDLER 232 2ND STREET SOUTH NAMPA ID 83651		KATHY CHANDLER 232 2ND STREET SOUTH NAMPA ID 83651-8365			
						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	
PRESIDENT	THAD J CHANDLER	232 2ND STREET SOUTH	NAMPA	ID	USA	83651	
SECRETARY	KATHY J CHANDLER	232 2ND STREET SOUTH	NAMPA	ID	USA	83651	
5. Organized Under the Laws of: ID C 140349		6. Annual Report must be signed.* Signature: Thad Chandler Name (type or print): Thad Chandler					
		Date: 07/03/2018 Title: Owner					
Processed 07/03/2018		* Electronically provided signatures are accepted as original signatures.					