

No. C 111185	Due no later than Jun 30, 2015 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. EASTERN IDAHO CHIROPRACTIC CLINIC, P.A. LARRY DEAN NELSON DC 2585 CHANNING WY IDAHO FALLS ID 83404 USA		LARRY DEAN NELSON DC 2585 CHANNING WY IDAHO FALLS 83404			
			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	MELANIE W NELSON	4824 E MAJESTIC VIEW DR.	IDAHO FALLS	ID	USA	83406
PRESIDENT	LARRY D NELSON	4824 E MAJESTIC VIEW DR.	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of: ID C 111185	6. Annual Report must be signed.* Signature: Larry Nelson Name (type or print): Larry Nelson		Date: 04/18/2015 Title: President			
Processed 04/18/2015		* Electronically provided signatures are accepted as original signatures.				