

No. <b>C 160935</b>		<b>Due no later than Jun 30, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ROBISON CHIROPRACTIC, P.C. WILLIAM P ROBISON 1118 W HUDSON AVE NAMPA ID 83651		WILLIAM P ROBISON 1118 W HUDSON AVE NAMPA ID 83651			
				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	WILLIAM P ROBISON	1118 W HUDSON AVE	NAMPA	ID	USA	83651	
SECRETARY	JODI P ROBISON	1118 W HUDSON AVE	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:  <b>ID C 160935</b>		6. Annual Report must be signed.* Signature: William P Robison Name (type or print): William P Robison Date: 04/20/2014 Title: President					
Processed 04/20/2014		* Electronically provided signatures are accepted as original signatures.					