No. <b>C 127471</b>		Due no later than Feb 28, 2017		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.  PAYETTE CHIROPRACTIC, P.C.  DOROTHY L HARSH  200 N 9TH ST		DR LARRY H HARSH 200 N 9TH ST PAYETTE ID 83661  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names	and Busine	ess Addresses of Preside	nt, Secretary, and Directors. Treasurer	r (optional).			
Office Held Na	ame		Street or PO Address	City	State	Country	Postal Code
TREASURER DC	DROTHY L	HARSH	2060 SHELLEY DRIVE	PAYETTE	ID	USA	83661
SECRETARY DC	DROTHY L	HARSH	2060 SHELLEY DRIVE	PAYETTE	ID	USA	83661
PRESIDENT LA	ARRY H HA	RSH	200 N 9TH STREET	PAYETTE	ID	USA	83661
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: dorothy I I		Date: 01/12/2017			
C 127471		Name (type or print):		Title: secretary			
Processed 01/12/2017 * Electronically provided signatures are accepted as original signatures.							