

No. C 179111	Due no later than Jun 30, 2014 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. PURPOSE DRIVEN CHIROPRACTIC, P.C. JEREMAI HAFER 1155 E WINDING CREEK DR BOX #4 EAGLE ID 83616 USA		JEREMAI HAFER 1155 E WINDING CREEK DR BOX #4 EAGLE ID 83616				
			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	CHRISTIE HAFER	1155 E WINDING CREEK DR BOX #4	EAGLE	ID	USA	83616	
PRESIDENT	JEREMAI J HAFER	1155 E WINDING CREEK DR BOX #4	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 179111		6. Annual Report must be signed.* Signature: Christie Hafer Name (type or print): Christie Hafer			Date: 04/17/2014 Title: Secretary		
Processed 04/17/2014		* Electronically provided signatures are accepted as original signatures.					