

No. C 95797		Due no later than Jul 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CARE CHIROPRACTIC CLINIC, P.A. RICHARD P. SAMPSON 1504 N MAIN ST MERIDIAN ID 83642-1707		RICHARD P. SAMPSON 1504 N MAIN STREET MERIDIAN ID 83642-1707			
				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	KATHLEEN M SAMPSON	1504 N MAIN ST	MERIDIAN	ID	USA	83642-1707	
PRESIDENT	RICHARD P SAMPSON	1504 N MAIN ST	MERIDIAN,	ID	USA	83642-1707	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 95797		Signature: KATHLEEN M SAMPSON				Date: 06/01/2016	
		Name (type or print): KATHLEEN M SAMPSON				Title: SECRETARY	
Processed 06/01/2016		* Electronically provided signatures are accepted as original signatures.					