| No. C 157154 | Due | Due no later than Nov 30, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|---|------------------------------|---|-----------------------|---------------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Ad STORK SPINAL ROBERT A ST 1961 N LOCUS | Annual Report Form 1. Mailing Address: Correct in this box if needed. STORK SPINAL CARE, P.C. ROBERT A STORK DC 1961 N LOCUST GROVE RD MERIDIAN ID 83646 | | ROBERT A STORK DC 1961 N LOCUST GROVE RD MERIDIAN ID 83646 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| Office Held Name | Business Addresses of F | President, Secretary, and Directors. Treasur Street or PO Address | | Ctata | Country | Postal Code | |
| PRESIDENT ROBERT | A STORK DC S. MIX-STORK | 1961 N. LOCUST GROVE RD. 1961 N. LOCUST GROVE RD. | City MERIDIAN MERIDIAN | State ID ID | Country USA USA | 83646-8364 83646 | |
| 5. Organized Under the Laws of: | 6. Annual Report | Annual Report must be signed.* | | | | | |
| ID Signature: I | | pert A Stork | Date: 12/18/2017 | | | | |
| C 157154 | Name (type or | Name (type or print): Robert A Stork | | Title: President | | | |
| Processed 12/18/2017 | * Electronically pr | * Electronically provided signatures are accepted as original signatures. | | | | | |