

No. C 128897	Due no later than May 31, 2017 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. ALPINE COTTAGE CHIROPRACTIC, P.C. JOHN E WHALEN 1326 N MAIN ST MERIDIAN ID 83642	JOHN E WHALEN 1326 N MAIN ST MERIDIAN ID 83642				
		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	JOHN E WHALEN	1326 N MAIN ST.	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID C 128897	6. Annual Report must be signed.* Signature: JOHN E WHALEN Name (type or print): JOHN E WHALEN		Date: 06/15/2017 Title: PRESIDENT			
Processed 06/15/2017		* Electronically provided signatures are accepted as original signatures.				