No. <b>C 193657</b>		Due no later than Feb 28, 2018		2. Registered /	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.  SCORESBY CHIROPRACTIC CENTER PA DEVIN P SCORESBY 3042 OAKWOOD CIRCLE AMMON ID 83406		3042 OAKW AMMON ID	DAVID BISHOP 3042 OAKWOOD CIRCLE AMMON ID 83406  3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pi	resident, Secretary, and Directors. Treasi	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MELISSA T	SCORESBY	2186 QUAILRIDGE DRIVE	AMMON	ID	USA	83401	
DIRECTOR DEVIN P SCO		CORESBY	2186 QUAILRIDGE DRIVE	AMMON	ID	USA	83401	
SECRETARY	CRETARY MELISSA T SCORESBY		2186 QUAILRIDGE DRIVE	AMMON	ID	USA	83401	
PRESIDENT	DEVIN P SC	CORESBY	2186 QUAILRIDGE DRIVE	AMMON	ID	USA	83401	
5. Organized Under the Laws of: 6. Anni		6. Annual Report i	5. Annual Report must be signed.*					
ID C 193657		Signature: Devin Scoresby			Date: 01/03/2018			
		Name (type or		Title: President				
Processed 01/03/2018		* Electronically provided signatures are accepted as original signatures.						