No. C 140181		Due no later than Aug 31, 2017		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. EGBERT CHIROPRACTIC, P.A. PAUL S EGBERT 479 POLK ST A TWIN FALLS ID 83301 USA		PAUL S EGBERT 479 POLK ST USA TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
			esident, Secretary, and Directors. T	reasurer (ontional)			
	Name	1000 / (441 00000 01 1 1	Street or PO Address	reasurer (City	State	Country	Postal Code
PRESIDENT PAUL S. EG		BERT	479 POLK STREET SUITE A		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Paul S. Egbert			Date: 06/23/2017			
C 140181		Name (type or print): Paul S. Egbert			Title: President			
Processed 06/23/2017 * Electronically provided signatures are accepted as original signatures.								