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| No. C 193597 | | Due no later than Feb 28, 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 | | 1. Mailing Address: Correct in this box if needed. EASTGATE CHIROPRACTIC, INC. JULIE FISHER 1132 BURRELL AVE LEWISTON ID 83501 | | JULIE FISHER 1132 BURRELL AVE LEWISTON ID 83501 | | | |
| | | | | 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 | JASON J FISHER | 15714 RODEO LANE | LEWISTON | ID | USA | 83501 | |
| PRESIDENT | JULIE A FISHER | 15714 RODEO LANE | LEWISTON | ID | USA | 83501 | |
| 5. Organized Under the Laws of: ID C 193597 | | 6. Annual Report must be signed.* Signature: Julie Fisher Name (type or print): Julie Fisher Date: 03/16/2017 Title: President | | | | | |
| Processed 03/16/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |