

No. <b>C 147531</b>		<b>Due no later than Feb 29, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  BURKE FAMILY CHIROPRACTIC INTEGRATIVE HEALTH SERVICES, INC. TERRY L BURKE DC 1348 E 17TH ST IDAHO FALLS ID 83404-6270 USA		TERRY L BURKE 1348 E 17TH ST IDAHO FALLS ID 83404-6270			
				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	TERRY L BURKE	1348 E. 17 TH ST.	IDAHO FALLS	ID	USA	83404-6270	
SECRETARY	DELORES J BURKE	1348 E. 17 TH ST.	IDAHO FALLS	ID	USA	83404-6270	
5. Organized Under the Laws of:  <b>IV C 147531</b>		6. Annual Report must be signed.* Signature: Terry L. Burke DC, NMD Name (type or print): Terry L. Burke DC, NMD Date: 12/28/2015 Title: President					
Processed 12/28/2015		* Electronically provided signatures are accepted as original signatures.					