

No. C 153080		Due no later than Feb 29, 2016		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. CHIROPRACTIC HEALTH CLINIC, P.A. JON HARMON 9161 W BLACK EAGLE DR BOISE ID 83709		JON M HARMON DC 9161 W BLACK EAGLE DR BOISE ID 83709			
				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	
DIRECTOR	JON M HARMON	9161 W BLACK EAGLE DR	BOISE	ID	USA	83709-1572	
SECRETARY	JON M HARMON	9161 W BLACK EAGLE DR	BOISE	ID	USA	83709-1572	
PRESIDENT	JON M HARMON	9161 W BLACK EAGLE DR	BOISE	ID	USA	83709-1572	
5. Organized Under the Laws of: ID C 153080		6. Annual Report must be signed.* Signature: marie f nees Name (type or print): marie f nees Date: 01/29/2016 Title: office manager					
Processed 01/29/2016		* Electronically provided signatures are accepted as original signatures.					