

No. C 140726		Due no later than Sep 30, 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. HANSEN CHIROPRACTIC AND NEUROLOGY HEALTH CENTER, P.C. LYNN HANSEN 1210 OAKLEY AVE BURLEY ID 83318		LYNN HANSEN 1210 OAKLEY AVE BURLEY ID 83318			
				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	LYNN A HANSEN	1210 OAKLEY AVE	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID C 140726		6. Annual Report must be signed.* Signature: Lynn Hansen Name (type or print): Lynn Hansen Date: 07/26/2016 Title: President					
Processed 07/26/2016		* Electronically provided signatures are accepted as original signatures.					