

No. <b>C 153590</b>		<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</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>  CLIFFORD L. KIRACOFE, P.T., P.A. CLIFFORD L KIRACOFE PO BOX 293 HAYDEN ID 83835		CLIFFORD L KIRACOFE 1160 E POLSTON AVE, STE B POST FALLS ID 83854			
				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	CLIFFORD L KIRACOFE	PO BOX 293	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:  <b>ID</b> <b>C 153590</b>		6. Annual Report must be signed.*  Signature: Cliff Kiracofe Name (type or print): Cliff Kiracofe  Date: 03/25/2017 Title: President					
Processed 03/25/2017 * Electronically provided signatures are accepted as original signatures.							