No. <b>C 135001</b>		Due no later than Aug 31, 2016	2. Registered Agent and Address (NO PO BOX)  MARK E BELNAP DC 521 E HALLIDAY ST POCATELLO ID 83201-6563  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BELNAP CHIROPRACTIC, P.A.  TAMI BELNAP  521 E HALLIDAY ST				
NO FILING FEE IF RECEIVED BY DUE DATE		POCATELLO ID 83201-6563				
	Name	ess Addresses of President, Secretary, and Directors. Treasurer Street or PO Address	City	State	Country	Postal Code
PRESIDENT	MARK E BEL TAMI BELNA	NAP 521 E HALLIDAY ST	POCATELLO POCATELLO	ID ID	USA USA	83201-6563 83201-6563
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Tami Belnap	Date: 06/21/2016			
C 135001		Name (type or print): Tami Belnap	Title: Secretary			
Processed 06/21/2016 * Electronically provided signatures are accepted as original signatures.						