

|  |              |  |       |  |         |             |  |
|--|--------------|--|-------|--|---------|-------------|--|
| No. <b>C 153080</b>  |              | <b>Due no later than Feb 28, 2014</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>CHIROPRACTIC HEALTH CLINIC, P.A.<br>JON HARMON<br>9161 W BLACK EAGLE DR<br>BOISE ID 83709 |       | JON M HARMON DC<br>9161 W BLACK EAGLE DR<br>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:<br><b>ID<br/>C 153080</b>  |              | 6. Annual Report must be signed.*<br>Signature: Jon M Harmon<br>Name (type or print): Jon M Harmon<br>Date: 12/13/2013<br>Title: President             |       |  |         |             |  |
| Processed 12/13/2013   |              | * Electronically provided signatures are accepted as original signatures.  |       |  |         |             |  |