No. **C 124926**	**Due no later than Jul 31, 2017** **Annual Report Form**	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.** FOX CHIROPRACTIC CLINIC P.A. ALAN FOX DC 711 W FRANKLIN ST BOISE ID 83702	ALAN FOX 711 W FRANKLIN ST BOISE ID 83702 3. New 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	ALAN FOX DC	711 W FRANKLIN ST	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 124926**	Signature: Alan Fox	Date: 05/18/2017
	Name (type or print): Alan Fox	Title: President

Processed 05/18/2017

* Electronically provided signatures are accepted as original signatures.