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|--|---------------|--|---------|--|------------------|-------------|--|
| No. C 159989 | | Due no later than Apr 30, 2018 | | 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 | | Annual Report Form | | DAVID G BOOTH 60 SO 2ND W REXBURG ID 83440 | | | |
| | | 1. Mailing Address: Correct in this box if needed. BACK TO HEALTH CHIROPRACTIC CLINIC, INC. DAVID G BOOTH 60 SO 2ND W REXBURG ID 83440 USA | | 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 | DAVID G BOOTH | 2973 S. 2000 W. | REXBURG | ID | USA | 83440 | |
| SECRETARY | GINA M BOOTH | 2973 S. 2000 W. | REXBURG | ID | USA | 83440 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 159989 | | Signature: DAVID BOOTH | | | Date: 02/27/2018 | | |
| | | Name (type or print): DAVID BOOTH | | | Title: President | | |
| Processed 02/27/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |