

No. <b>C 76851</b>		<b>Due no later than Sep 30, 2014</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>  MELLOR CHIROPRACTIC CLINIC, P.A. STEPHEN P MELLOR 33 MADISON PROFESSIONAL PARK REXBURG ID 83440 USA		STEPHEN P. MELLOR, D.C. 33 MADISON PROFESSIONAL PARK REXBURG ID 83440			
						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	STEPHEN P MELLOR	429 LINDEN AVENUE	REXBURG	ID	USA	83440	
SECRETARY	HEATHER HANSEN	429 LINDEN AVENUE	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:  <b>ID</b> <b>C 76851</b>		6. Annual Report must be signed.*  Signature: Stephen P Mellor Name (type or print): Stephen P Mellor					
Processed 07/15/2014		* Electronically provided signatures are accepted as original signatures.  Date: 07/15/2014 Title: President					