

No. C 178268		Due no later than Apr 30, 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. HAUG CHIROPRACTIC CLINIC, P.A. JAMES M HAUG PO BOX 8 GRANGEVILLE ID 83530		JAMES M HAUG 113 S A ST GRANGEVILLE ID 83530				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	JAMES M HAUG	PO BOX 8 113 S A STREET	GRANGEVILLE	ID	USA	83530			
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 178268		Signature: James M. Haug D.C.				Date: 04/24/2017			
		Name (type or print): James M. Haug D.C.				Title: owner			
Processed 04/24/2017		* Electronically provided signatures are accepted as original signatures.							