

No. C 141662		Due no later than Dec 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		1. Mailing Address: Correct in this box if needed. BAKER CHIROPRACTIC CLINIC, P.C. RICK A BAKER DC PO BOX 1552 SANDPOINT ID 83864		DR RICK A BAKER 102 S EUCLID AV STE 109 SANDPOINT ID 83864			
NO FILING FEE IF RECEIVED BY DUE DATE				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	RICK A BAKER DC	102 S EUCLID AV STE 109		SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID C 141662		6. Annual Report must be signed.* Signature: Rick A Baker DC Name (type or print): Rick A Baker DC Date: 10/31/2017 Title: President					
Processed 10/31/2017 * Electronically provided signatures are accepted as original signatures.							