No. **C 139243**	**Due no later than May 31, 2015** **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.** NORTH IDAHO CHIROPRACTIC, P.A. LUCIA S THOMPSON PO BOX 3152 COEUR D ALENE ID 83816 USA	LUCIA S THOMPSON 1109 E SHERMAN AVE COEUR D'ALENE 83814-4154 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	LUCIA S THOMPSON	PO BOX 3152	COEURD'ALENE	ID	USA	83816-2519

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 139243**	Signature: Lucia S Thompson	Date: 04/09/2015
	Name (type or print): Lucia S Thompson	Title: President

Processed 04/09/2015

* Electronically provided signatures are accepted as original signatures.