

No. <b>C 180061</b>		<b>Due no later than Sep 30, 2017</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> SIRUCEK CHIROPRACTIC NEUROLOGY CLINIC, INC. DAX SIRUCEK 3080 E. GENTRY WAY SUITE 110 MERIDIAN ID 83642-3060		DAX SIRUCEK 3080 E. GENTRY WAY SUITE 110 MERIDIAN ID 83642-3060					
				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	DAX KENDRICK SIRUCEK	3080 E. GENTRY WAY, SUITE 110	MERIDIAN	ID	USA	83642-3060			
PRESIDENT	MARIA TERESA GOMEZ	3080 E. GENTRY WAY, SUITE 110	MERIDIAN	ID	USA	83642-3060			
5. Organized Under the Laws of:  <b>ID C 180061</b>		6. Annual Report must be signed.* Signature: Dax Sirucek Name (type or print): Dax Sirucek Date: 09/19/2017 Title: President							
Processed 09/19/2017		* Electronically provided signatures are accepted as original signatures.							