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|--|----------------|---|---------|--|---------|------------------|--|
| No. C 110996 | | Due no later than Jun 30, 2017 | | 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. PRESTON CHIROPRACTIC CLINIC, CHARTERED LEONARD E WARD 122 N. STATE ST. PRESTON ID 83263 | | LEONARD E WARD 110 N BEAR RIVER BLUFF PRESTON ID 83263 | | | |
| | | | | 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 | LEONARD E WARD | 110 N BEAR RIVER BLUFF | PRESTON | ID | USA | 83263 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 110996 | | Signature: Leonard Ward | | | | Date: 05/03/2017 | |
| | | Name (type or print): Leonard Ward | | | | Title: President | |
| Processed 05/03/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |