

No. <b>C 203489</b>		<b>Due no later than Sep 30, 2015</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BOWER CHIROPRACTIC INC. JACOB BOWER 3001 12TH AVE RD NAMPA ID 83686		JACOB BOWER 5001 12TH AVENUE ROAD NAMPA ID 83686			
				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	JACOB BOWER	5001 12TH AVE RD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 203489</b>		Signature: Jacob Bower				Date: 07/22/2015	
		Name (type or print): Jacob Bower				Title: President	
Processed 07/22/2015		* Electronically provided signatures are accepted as original signatures.					