	Annual Papart Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address - Correct in this box, if applicable  EAGLE CHIROPRACTIC, PC  PO BOX 310  EAGLE, ID 83616	SH NORD 589 E STATE ST EAGLE, ID 83616
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
<ol> <li>Corporations: Enter Nam</li> </ol>	es and Business Addresses of President, Secre	tary and Directors.
Office held Name	Street or P.O. Address	<u> State Zip</u>
Secretary Sherry	H. Nord 589 E. State St. Eag y L. Nord 589 E. State St. Eag	le Idaho 836/6
Secretary Sherry  5. Organized Under the Laws of:		
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