

No. C 193256		Due no later than Jan 31, 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. HARPER CHIROPRACTIC CLINIC, INC. DENNIS L HARPER PO BOX 1061 OROFINO ID 83544		DENNIS L HARPER 10620 HIGHWAY 12 OROFINO ID 83544			
				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	DENNIS L. HARPER	10620 HIGHWAY 12	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 193256		Signature: Dennis L. Harper, D.C.				Date: 01/30/2017	
		Name (type or print): Dennis L. Harper, D.C.				Title: Owner	
Processed 01/30/2017		* Electronically provided signatures are accepted as original signatures.					