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|--|---|---|---|-------|---------|-------------|
| No. <b>C 160935</b>  | <b>Due no later than Jun 30, 2018</b><br><b>Annual Report Form</b>  |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>ROBISON CHIROPRACTIC, P.C.<br>WILLIAM P ROBISON<br>1511 3RD ST S<br>NAMPA ID 83651-4307<br>USA |   | WILLIAM P ROBISON<br>1511 3RD ST S<br>NAMPA ID 83651-4307 |       |         |             |
|  |   |   | 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  | WILLIAM P ROBISON   | 1511 3RD ST S   | NAMPA   | ID    | USA     | 83651-4307  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 160935</b>  | 6. Annual Report must be signed.*<br>Signature: William P Robison<br>Name (type or print): William P Robison  |   | Date: 05/04/2018<br>Title: President                      |       |         |             |
| Processed 05/04/2018   |   | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |