

No. C 179429		Due no later than Jul 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DOWNEY CHIROPRACTIC CLINIC, P.C. DENNIS J DOWNEY 108 EAST PINE ST CALDWELL ID 83605 USA		DENNIS J DOWNEY 108 EAST PINE ST CALDWELL ID 83605	
				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
DIRECTOR	DENNIS J DOWNEY	108 EAST PINE ST	CALDWELL	ID	USA 83605-4836
5. Organized Under the Laws of: ID C 179429		6. Annual Report must be signed.* Signature: Martha Subia Name (type or print): Martha Subia Date: 05/24/2015 Title: Bookkeeper			
Processed 05/24/2015		* Electronically provided signatures are accepted as original signatures.			