

No. C 200892		Due no later than Jan 31, 2016		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		KYLE KURSCHEIDT 1560 N CRESTMONT DR STE E MERIDIAN ID 83642			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		INNATE HEALTH CHIROPRACTIC CENTER P.C. KYLE KURSCHEIDT 1560 N CRESTMONT DR STE E MERIDIAN ID 83642					
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	
TREASURER	JOSEPH NORBERT KURSCHEIDT	N4297 LONG RD.	CHILTON	WI	USA	83642	
SECRETARY	GINA LYNN KURSCHEIDT	N4297 LONG RD.	CHILTON	WI	USA	53014	
VICE PRESIDENT	CODY JAMES KURSCHEIDT	N4297 LONG RD.	CHILTON	WI	USA	53014	
PRESIDENT	KYLE JOSEPH KURSCHEIDT	1812 N. 8TH ST.	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID C 200892		6. Annual Report must be signed.* Signature: Kyle Kurscheidt Name (type or print): Kyle Kurscheidt		Date: 11/13/2015 Title: President			
Processed 11/13/2015		* Electronically provided signatures are accepted as original signatures.					