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|--|-------------------|---|-------|---|---------|-------------|--|
| No. C 127850 | | Due no later than Mar 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 | | Annual Report Form | | DR TOBY O BINGHAM 1080 W BOISE AVE BOISE ID 83706 | | | |
| | | 1. Mailing Address: Correct in this box if needed. LIFETOUCH CHIROPRACTIC, P.A. TOBY BINGHAM 1080 W BOISE AVE BOISE ID 83706 | | 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 | |
| SECRETARY | MELANIE K BINGHAM | 1080 W BOISE AVE | BOISE | ID | USA | 83706 | |
| PRESIDENT | TOBY O BINGHAM | 1080 W BOISE AVE | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: ID C 127850 | | 6. Annual Report must be signed.* Signature: Toby Bingham Name (type or print): Toby Bingham | | | | | |
| | | Date: 01/26/2017 Title: President | | | | | |
| Processed 01/26/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |