

No. C 144184	Due no later than Jun 30, 2018 Annual Report Form		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. FULL LIFE CHIROPRACTIC, P.A. DR. JON MAIN 10466 W. SULTANA LN GARDEN CITY ID 83714 USA		JONATHAN ERIC MAIN 2300 EVEREST LANE W STE 175 MERIDIAN ID 83646				
			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	ROSALINDA GALLEGOS-MAIN	2300 EVEREST LANE W SUITE #175	MERIDIAN	ID	USA	83646	
PRESIDENT	JONATHAN E MAIN	2300 EVEREST LANE W. SUITE #175	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID C 144184	6. Annual Report must be signed.* Signature: jonathan main Name (type or print): jonathan main		Date: 05/09/2018 Title: president				
Processed 05/09/2018		* Electronically provided signatures are accepted as original signatures.					