No. C 196694	Due no later than Dec 31, 2015		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALING TOUCH OSTEOPATHIC PC BRANDON BREVIG 3400 E RIVER VALLEY ST E303 MERIDIAN ID 83646			BRANDON BREVIG DO 7685 W EMERALD ST BOISE ID 83704 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BOISE II				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busir	ess Addresses of Pre	sident, Secretary, and Directors. Trea	asurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT BRANDON MICAH BREVIG 7685 W. EMERAL		7685 W. EMERALD ST	BOISE	ID	USA	83704	
5. Organized Under the Laws of:	6. Annual Report mu						
ID	Signature: Brande		Date: 10/16/2015				
C 196694	Name (type or pr		Title: CEO				
Processed 10/16/2015	* Electronically provided signatures are accepted as original signatures.						