

No. C 76851	Due no later than Sep 30, 2013 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. MELLOR CHIROPRACTIC CLINIC, P.A. STEPHEN P MELLOR 33 MADISON PROFESSIONAL PARK REXBURG ID 83440 USA		STEPHEN P. MELLOR, D.C. 33 MADISON PROFESSIONAL PARK REXBURG ID 83440			
			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
PRESIDENT	STEPHEN P MELLOR	429 LINDEN AVENUE	REXBURG	ID	USA	83440
SECRETARY	HEATHER HANSEN	429 LINDEN AVENUE	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID C 76851	6. Annual Report must be signed.* Signature: Stephen Mellor Name (type or print): Stephen Mellor		Date: 07/23/2013 Title: President			
Processed 07/23/2013		* Electronically provided signatures are accepted as original signatures.				