No. <b>C 200892</b>		Due no later than Jan 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  INNATE HEALTH CHIROPRACTIC CENTER P.C.  KYLE KURSCHEIDT  1560 N CRESTMONT DR STE E  MERIDIAN ID 83642		KYLE KURSCHEIDT 1560 N CRESTMONT DR STE E MERIDIAN 83642			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE							
				3. New Registered Agent Signature:*			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
TREASURER JOSEPH NORBERT KURSO SECRETARY GINA LYNN KURSCHEIDT			N4297 LONG RD.	CHILTON	WI	USA	83642
			N4297 LONG RD.	CHILTON	WI	USA	53014
		KURSCHEIDT	N4297 LONG RD.	CHILTON	WI	USA	53014
PRESIDENT	KILE JUSEPI	H KURSCHEIDT	1805 E. OVERLAND RD. APPT. 4124	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 200892		Signature: Kyle J Ku	Date: 11/24/2014				
		Name (type or print	Title: President				
Processed 11/24/2014 * Electronically provided signatures are accepted as original signatures.							