

No. <b>C 68299</b>	<b>Due no later than Oct 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> BROADWAY CHIROPRACTIC CENTER P.A. DONALD RAE DONALD D. RAE 1149 WEST BOISE AVE. BOISE ID 83706		DONALD D RAE 1149 WEST 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	MARGIE A RAE	5288 E BRANCHWOOD DR.	BOISE	ID	USA	83716
PRESIDENT	DONALD D RAE	5288E BRANCHWOOD DR.	BOISE	ID	USA	83715
5. Organized Under the Laws of:  <b>ID C 68299</b>	6. Annual Report must be signed.* Signature: Donald D. Rae Name (type or print): Donald D. Rae		Date: 10/21/2016 Title: Owner/President			
Processed 10/21/2016		* Electronically provided signatures are accepted as original signatures.				