No. **C 143942**	**Due no later than May 31, 2016** **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.** BENNETT CHIROPRACTIC CENTER, P.A. KATHY RENEE BENNETT 1721 S. 10TH AVE. CALDWELL ID 83605	KATHY RENEE BENNETT 1721 S. 10TH AVE. CALDWELL ID 83605 3. New 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	KATHY R BENNETT	1721 S. 10TH AVE.	CALDWELL	ID	USA	83605

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 143942**	Signature: Kathy R. Bennett DC	Date: 04/25/2016
	Name (type or print): Kathy R. Bennett DC	Title: Pres.

Processed 04/25/2016

* Electronically provided signatures are accepted as original signatures.