

No. C118608	Annual Report Form Due No Later Than November 30, 1997		2 Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1 Mailing Address Please Correct If Not Correct MATTHEWS CHIROPRACTIC, P.C. COREY MATTHEWS 777 N 4TH ST BOISE ID 83702		PENLAND MUNTHER 750 N 9TH ST STE 500 BOISE ID 83701 3 Organized Under the Laws of ID C118608	
* FIRST NOTICE *				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)				
Office held President Secretary	Name DR. COREY MATTHEWS ANDREA MATTHEWS	Street or P.O. Address 777 N. 4th St. 1931 N. FARWELL # 201	City Boise Boise	State Zip Idaho 83702 Idaho 83704
5.		6. Signature <u>Dr. Corey Matthews</u> Date <u>7/15/97</u> Name (Typed or Printed) <u>Dr. Corey Matthews</u> Title <u>President</u>		

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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