

No. C 144368	Due no later than Jun 30, 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. OAKES CHIROPRACTIC HEALTH CENTER, P.A. DARRELL E OAKES 3183 N COLE RD BOISE ID 83704	DARRELL E OAKES 3183 N COLE RD BOISE ID 83704				
		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
TREASURER	DEANNA M OAKES	5538 NORTHWALL PL	BOISE	ID	USA	83703
SECRETARY	DEANNA M OAKES	5538 NORTHWALL PL	BOISE	ID	USA	83703
PRESIDENT	DARRELL E OAKES	5538 NORTHWALL PL	BOISE	ID	USA	83703
5. Organized Under the Laws of: ID C 144368	6. Annual Report must be signed.* Signature: Darrell E Oakes Name (type or print): Darrell E Oakes		Date: 04/27/2016 Title: President			
Processed 04/27/2016	* Electronically provided signatures are accepted as original signatures.					