



## **Idaho Corporation Annual Report Form**

File online at: sos.idaho.gov Due no later than: 07/31/2019

Return completed form within 30 days to DI Idaho Secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise ID 83720

Ann	nual Report: No filing fee if re	eceived by the due date.	Phone: (208) 334-2300	25
SOS Control Number: 263057 Professional Service Corporation (D)		Filing Status: Active-Good St	anding Formation Locale: ID	201
Name and Mailing Address: WEISER CHIROPRACTIC CENTER, P.A. 54 W COURT ST WEISER, ID 83672		(1) Add or Change Mailing Address:		9 11:58
Registered ALAN L. W/	Agent (RA) and Registered (	Office (RO) Address:	Change RA and/or RO Address:	AM Rec
	RT STREET			ceived
(3) New Re	Note: The Register		daho address (no postal box).  2) above, the new ayent must sign here to accept the appo	사 보
(4) Corporation	ns: Enter names and business addres	sses (with zip code) of the President, Vice	<del></del>	Ø
Title	Name	Business Address	City, State, Zip	<u>0</u>
Pres Sec	Alan L. Ward Christine L. War	1 1		8362
(5) Board of D	lirectors names and business address	es (with zip code). Attach additional shee	et if necessary	<u> </u>
		usiness Address	City, State, Zip	<u>О</u> Нь
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				awerence
(5) Signature:	Manciant	(6)	Date: 7-31-19	en
(7) Type/Print I	Name: Alan L. W.	id 0. DC (8)	Title: President	
Inetructions:	Legibly complete the form above. S	ion and date this form and return to the ac	Idress provided above.	Dei