

No. C 109883		Due no later than Mar 31, 2015 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. HAYDEN LAKE CHIROPRACTIC, P.A. KEVIN R MARSH, D.C. 8235 N CORNERSTONE DR HAYDEN LAKE ID 83835-8683 USA		KEVIN R MARSH 8235 N CORNERSTONE DR HAYDEN LAKE 83835-8683			
						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	
PRESIDENT	KEVIN R MARSH	8235 N CORNERSTONE DR	HAYDEN LAKE	ID	USA	83835-8683	
SECRETARY	JENNIFER L MARSH	8235 N CORNERSTONE DR	HAYDEN LAKE	ID	USA	83835-8683	
5. Organized Under the Laws of: ID C 109883		6. Annual Report must be signed.* Signature: Kevin Marsh, DC Name (type or print): Kevin Marsh, DC					
		Date: 01/28/2015 Title: President					
Processed 01/28/2015		* Electronically provided signatures are accepted as original signatures.					