

No. C 111212		Due no later than Jun 30, 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. WILLIAMS CHIROPRACTIC PAIN RELIEF CLINIC PROFESSIONAL ASSOCIATION SPENCER WILLIAMS 1015 WASHINGTON ST. N. TWIN FALLS ID 83301		SPENCER WILLIAMS 1015 WASHINGTON ST. N. TWIN FALLS ID 83301			
						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	SPENCER G WILLIAMS	1015 WASHINGTON ST. N.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 111212		6. Annual Report must be signed.* Signature: SW Name (type or print): SW					
		Date: 04/20/2015 Title: President					
Processed 04/20/2015 * Electronically provided signatures are accepted as original signatures.							