

No. <b>C 154775</b>		<b>Due no later than May 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  HICKEY CHIROPRACTIC, P.C. THOMAS D HICKEY 376 S LATAH BOISE ID 83705		THOMAS D HICKEY 376 S LATAH BOISE ID 83705			
						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	
SECRETARY	JANICE C HICKEY	4192 W GREENSPIRE DR	MERIDIAN	ID	USA	83646	
PRESIDENT	THOMAS D HICKEY	4192 W GREENSPIRE DR	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:  <b>ID</b> <b>C 154775</b>		6. Annual Report must be signed.*  Signature: Thomas Hickey Name (type or print): Thomas Hickey					
		Date: 06/21/2016 Title: Owner/President					
Processed 06/21/2016		* Electronically provided signatures are accepted as original signatures.					