

No. C 166117		Due no later than Apr 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SALMON RIVER CHIROPRACTIC, INC. LANCE S INGWERSEN, D.C. 104 S DAISY ST STE A SALMON ID 83467		LANCE S INGWERSEN, D.C. 104 S DAISY ST STE A SALMON 83467		
				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
DIRECTOR	JENNIFER V COFFEY, D.C.	104 S DAISY ST STE A	SALMON	ID	USA	83467
DIRECTOR	LANCE S INGWERSEN, D.C.	104 S DAISY ST STE A	SALMON	ID	USA	83467
SECRETARY	JENNIFER V COFFEY, D.C.	104 S DAISY ST STE A	SALMON	ID	USA	83467
PRESIDENT	LANCE S INGWERSEN, D.C.	104 S DAISY ST STE A	SALMON	ID	USA	83467
5. Organized Under the Laws of: ID C 166117		6. Annual Report must be signed.* Signature: LANCE S INGWERSEN, D.C. Date: 03/30/2015 Name (type or print): LANCE S INGWERSEN, D.C. Title: PRESIDENT				
Processed 03/30/2015		* Electronically provided signatures are accepted as original signatures.				