

No. <b>C 179111</b>		<b>Due no later than Jun 30, 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>  PURPOSE DRIVEN CHIROPRACTIC, P.C. JEREMAI HAVER 1155 E WINDING CREEK DR BOX #4 EAGLE ID 83616		JEREMAI HAVER 1155 E WINDING CREEK DR BOX #4 EAGLE ID 83616			
						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	CHRISTIE HAVER	1155 E WINDING CREEK DR	BOX #4	EAGLE	ID	USA	83616
PRESIDENT	JEREMAI J HAVER	1155 E WINDING CREEK DR	BOX #4	EAGLE	ID	USA	83616
5. Organized Under the Laws of:  <b>ID</b> <b>C 179111</b>		6. Annual Report must be signed.*  Signature: Christie Hafer Name (type or print): Christie Hafer					
		Date: 05/05/2016 Title: Secretary					
Processed 05/05/2016		* Electronically provided signatures are accepted as original signatures.					