

No. <b>C 212270</b>	<b>Due no later than Dec 31, 2017</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>		TROY D ELDRIDGE 5796 N ISABELLA DR COEUR D'ALENE ID 83815			
	ELDRIDGE CHIROPRACTIC, P.S. TROY D ELDRIDGE PO BOX 212 COEUR D'ALENE ID 83816		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	TROY D ELDRIDGE	PO BOX 212	COEUR D'ALENE	ID		83816
5. Organized Under the Laws of:  <b>WA C 212270</b>		6. Annual Report must be signed.* Signature: Troy D Eldridge Name (type or print): Troy D Eldridge Date: 11/14/2017 Title: President				
Processed 11/14/2017		* Electronically provided signatures are accepted as original signatures.				