

No. <b>C 34163</b>		<b>Due no later than Dec 31, 2017</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS, INC. SCOTT CRAWFORD 1109 E POLSTON AVE POST FALLS ID 83854		SCOTT CRAWFORD DC 1109 E POLSTON AVE POST FALLS ID 83854		
				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	SCOTT CRAWFORD	1109 E POLSTON AVE	POST FALLS	ID	USA	83854
SECRETARY	JOAN BURROWS	427 PARK AVENUE	LEWISTON	ID	USA	83501
VICE PRESIDENT	THOMAS BENCH	1970 E 17TH STREET STE 201	IDAHO FALLS	ID	USA	83404
TREASURER	JEREMAI HAFFER	1155 E WINDING CREEK DR	EAGLE	ID	USA	83616
DIRECTOR	GEORGE FIEGEL	10620 HIGHWAY 12	OROFINO	ID	USA	83544
DIRECTOR	JOE IACCINO	223 N. 6TH STREET	BOISE	ID	USA	83702
DIRECTOR	SCOTT DODDS	31144 WOODBRIDGE DRIVE	TWIN FALLS	ID	USA	83301
DIRECTOR	DEVIN SCORESBY	1491 CURLEW DRIVE	AMMON	ID	USA	83840
DIRECTOR	TOM TESSENDORF	1401 N BIZTOWN LOOP	HAYDEN	ID	USA	83835
DIRECTOR	GRAYSON BLOOM	5975 W. OVERLAND ROAD	BOISE	ID	USA	83704
5. Organized Under the Laws of:  <b>ID C 34163</b>		6. Annual Report must be signed.* Signature: Dr. Scott Crawford Name (type or print): Dr. Scott Crawford  Date: 12/04/2017 Title: President				
Processed 12/04/2017		* Electronically provided signatures are accepted as original signatures.				