

No. <b>C 144184</b>		<b>Due no later than Jun 30, 2015</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>  FULL LIFE CHIROPRACTIC, P.A. DR. JON MAIN 2300 EVEREST LANE W STE 175 MERIDIAN ID 83646		JONATHAN ERIC MAIN 2300 EVEREST LANE W STE 175 MERIDIAN ID 83646			
				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	ROSALINDA GALLEGOS-MAIN	2300 EVEREST LANE W SUITE #175	MERIDIAN	ID	USA	83646	
PRESIDENT	JONATHAN E MAIN	2300 EVEREST LANE W. SUITE #175	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 144184</b>		Signature: Jonathan E. Main				Date: 07/17/2015	
		Name (type or print): Jonathan E. Main				Title: President	
Processed 07/17/2015		* Electronically provided signatures are accepted as original signatures.					