No. C 165294			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	DR IRWIN MULNICK			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF		1. Mailing Address: Correct in this box if needed. BACK COUNTRY CHIROPRACTIC AND WELLNESS CENTER, INC. DR IRWIN MULNICK PO BOX 1005 MCCALL ID 83638	201 PARK ST MCCALL ID 83638 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE						
4. Corporations: Enter Names	s and Busine	ess Addresses of President, Secretary, and Directors. Treasurer (o	optional).			
Office Held N	lame	Street or PO Address	City	State	Country	Postal Code
PRESIDENT IF	RWIN MULN	NICK POB 1005	MCCALL	ID	USA	83638
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Lisa Stokes	Date: 02/08/2017			
C 165294		Name (type or print): Lisa Stokes	Title: book keeper			
Processed 02/08/2017	* Electronically provided signatures are accepted as original signatures.					