| No. C 160721 | | [| Due no later than May 31, 2017 | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|----------------------------|---|--|----------------------------|--|------------|---------------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MAYES CHIROPRACTIC, INC. LUKE C MAYES 5975 OVERLAND RD BOISE ID 83709-3012 | | 5083 N. MEN MERIDIAN II | LUKE MAYES 5083 N. MENDELSON MERIDIAN ID 83646-8364 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | oss Addresses | of President, Secretary, and Directors. Treasu | war (antional) | | | | |
| Office Held | Name | less Addresses (| Street or PO Address | City | State | Country | Postal Code | |
| VICE PRESIDENT PRESIDENT | PRESIDENT GEORGE J NEIFFER | | 5083 N. MENDELSON AVE. 5083 N. MENDELSON | MERICIAN MERIDIAN | ID ID | USA USA | 83646 83646-8364 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 160721 | | Signature: Luke Mayes Name (type or print): Luke Mayes | | | Date: 03/20/2017 Title: President | | | |
| Processed 03/20/2017 | | * Electronically | provided signatures are accepted as original | signatures. | | | | |