

No. <b>C 139243</b>	<b>Due no later than May 31, 2018</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> NORTH IDAHO CHIROPRACTIC, P.A. LUCIA S THOMPSON PO BOX 3152 COEUR D ALENE ID 83816-2519	LUCIA S THOMPSON 1109 E SHERMAN AVE COEUR D'ALENE ID 83814-4154  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	LUCIA S THOMPSON	PO BOX 3152	COEURD'ALENE	ID	USA	83816-2519
5. Organized Under the Laws of:  <b>ID C 139243</b>	6. Annual Report must be signed.* Signature: Lucia S Thompson Name (type or print): Lucia S Thompson		Date: 03/28/2018 Title: owner			
Processed 03/28/2018		* Electronically provided signatures are accepted as original signatures.				