No. **C 128879**	**Due no later than May 31, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** EAGLE CHIROPRACTIC, PC SHAWN H NORD PO BOX 310 EAGLE ID 83616 USA	SH NORD 589 E STATE ST EAGLE 83616 3. New 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	SHERRY L NORD	PO BOX 310	EAGLE	ID	USA	83616-0310
PRESIDENT	SHAWN H. NORD	PO BOX 310	EAGLE	ID	USA	83616-0310

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 128879**	Signature: SHERRY NORD	Date: 03/31/2015
	Name (type or print): SHERRY NORD	Title: SECRETARY

Processed 03/31/2015

* Electronically provided signatures are accepted as original signatures.