No. **C 193657**	**Due no later than Feb 29, 2016**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** SCORESBY CHIROPRACTIC CENTER PA DEVIN P SCORESBY 3042 OAKWOOD CIRCLE AMMON ID 83406	DAVID BISHOP 3042 OAKWOOD CIRCLE AMMON ID 83406 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
DIRECTOR	MELISSA T SCORESBY	3929 TAYLORVIEW LANE	AMMON	ID	USA	83406
DIRECTOR	DEVIN P SCORESBY	3929 TAYLORVIEW LANE	AMMON	ID	USA	83406
SECRETARY	MELISSA T SCORESBY	3929 TAYLORVIEW LANE	AMMON	ID	USA	83406
PRESIDENT	DEVIN P SCORESBY	3929 TAYLORVIEW LANE	AMMON	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 193657**	Signature: Devin Scoresby	Date: 01/02/2016
	Name (type or print): Devin Scoresby	Title: President

Processed 01/02/2016

* Electronically provided signatures are accepted as original signatures.