

No. C 127062		Due no later than Jan 31, 2018		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. ANDERSON CHIROPRACTIC CARE, P.A. GEFF D ANDERSON 8752 W OVERLAND RD 110 BOISE ID 83709 USA		ROBERT C. MONTGOMERY, CHTD 2160 S TWIN RAPID WAY BOISE ID 83709			
				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	
SECRETARY	KATHLEEN ANDERSON	8752 W OVERLAND RD 110	BOISE	ID	USA	83704	
PRESIDENT	GEFF ANDERSON	8752 W OVERLAND RD 110	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID C 127062		6. Annual Report must be signed.* Signature: Geff Anderson Name (type or print): Geff Anderson Date: 02/07/2018 Title: President					
Processed 02/07/2018		* Electronically provided signatures are accepted as original signatures.					