

No. C 109883	Due no later than Mar 31, 2016 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. HAYDEN LAKE CHIROPRACTIC, P.A. KEVIN R MARSH, D.C. 8235 N CORNERSTONE DR HAYDEN LAKE ID 83835-8683		KEVIN R MARSH 8235 N CORNERSTONE DR HAYDEN LAKE ID 83835-8683			
			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	KEVIN R MARSH	8235 N CORNERSTONE DR	HAYDEN LAKE	ID	USA	83835-8683
SECRETARY	JENNIFER L MARSH	8235 N CORNERSTONE DR	HAYDEN LAKE	ID	USA	83835-8683
5. Organized Under the Laws of: ID C 109883	6. Annual Report must be signed.* Signature: Kevin Marsh, DC Name (type or print): Kevin Marsh, DC		Date: 01/18/2016 Title: President			
Processed 01/18/2016		* Electronically provided signatures are accepted as original signatures.				