

No. <b>C 141904</b>		<b>Due no later than Dec 31, 2016</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>Annual Report Form</b>		SHANNON EWING 315 7TH AVE. S. NAMPA ID 83651			
		<b>1. Mailing Address: Correct in this box if needed.</b> GAERTNER CHIROPRACTIC & INTEGRATED MEDICINE CLINIC, P.A. SHANNON GAERTNER-EWING 315 7TH AVE S NAMPA ID 83651		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	SHANNON D EWING	315 7TH AVE. S.	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 141904</b>		Signature: Shannon Ewing			Date: 12/21/2016		
		Name (type or print): Shannon Ewing			Title: President		
Processed 12/21/2016		* Electronically provided signatures are accepted as original signatures.					