

|  |                |  |          |   |         |                   |  |
|--|----------------|--|----------|---|---------|-------------------|--|
| No. <b>C 132726</b>  |                | <b>Due no later than Feb 28, 2017</b>  |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |         |                   |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>STRICKLAND FAMILY CHIROPRACTIC, P.A.<br>ROY STRICKLAND<br>1220 N MERIDIAN RD STE A<br>MERIDIAN ID 83642 |          | ROY STRICKLAND<br>1220 N MERIDIAN RD STE A<br>MERIDIAN ID 83642 |         |                   |  |
|  |                |  |          | 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  | ROY STRICKLAND | 1220 N MERIDIAN STE A  | MERIDIAN | ID  | USA     | 83642             |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |          |   |         |                   |  |
| <b>ID<br/>C 132726</b>   |                | Signature: Denise Johnston   |          |   |         | Date: 03/23/2017  |  |
|  |                | Name (type or print): Denise Johnston  |          |   |         | Title: bookkeeper |  |
| Processed 03/23/2017   |                | * Electronically provided signatures are accepted as original signatures.  |          |   |         |                   |  |