No. C 109883		Due no later than Mar 31, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KEVIN R MARSH 8235 N CORNERSTONE DR HAYDEN ID 83835-8683			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HAYDEN LAKE CHIROPRACTIC, P.A. KEVIN R MARSH, D.C. 8235 N CORNERSTONE DR HAYDEN ID 83835-8683 USA						
				HATDEN ID	TMTDEN ID 63633-6063			
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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 MA		All and a second	8235 N CORNERSTONE DR	HAYDEN	ID	USA	83835-8683	
SECRETARY	JENNIFER L	MARSH	8235 N CORNERSTONE DR	HAYDEN	ID	USA	83835-8683	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ke		Date: 01/23/2018				
C 109883		Name (type o		Title: President				
Processed 01/23/2018 * Electronically provided signatures are accepted as original signatures.								