No. <b>C 164871</b>		Due no later than Feb 28, 2017		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			NATHAN EVANS DC 1360 ALBION AVE BURLEY ID 83318  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  EVANS CHIROPRACTIC P.A.  NATHAN EVANS  1360 ALBION AVE  BURLEY ID 83318						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Trea	surer (o	ptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT NATHAN J EVANS		EVANS	1360 ALBION AVE		BURLEY	ID	USA	83318
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Nathan Evans			Date: 02/06/2017			
C 164871		Name (type or print): Nathan Evans			Title: President			
Processed 02/06/2017	ressed 02/06/2017 * Electronically provided signatures are accepted as original signatures.							