

No. <b>C 123906</b>		<b>Due no later than May 31, 2014</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  HENZE CHIROPRACTIC, P.A. MICHAEL T. HENZE 9211 W OVERLAND RD BOISE ID 83709 USA		ROBERT C. MONTGOMERY CHTD 2160 S TWIN RAPID WAY BOISE ID 83709				
						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		
TREASURER	TAMARA J HENZE	12554 W. SUFFOLK CT.	BOISE	ID	USA	83709- 83709		
PRESIDENT	MICHAEL T HENZE	12554 W SUFFOLK CT	BOISE	ID	USA	83709- 83709		
5. Organized Under the Laws of:  <b>ID</b> <b>C 123906</b>		6. Annual Report must be signed.*  Signature: Michael Henze Name (type or print): Michael Henze						Date: 05/25/2014 Title: President
Processed 05/25/2014		* Electronically provided signatures are accepted as original signatures.						