No. **C 152833**	**Due no later than Jan 31, 2016** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** CHUBBUCK CHIROPRACTIC, P.A. JEREMY W HALE 445 W CHUBBUCK RD STE A CHUBBUCK ID 83202	JEREMY W HALE 445 W CHUBBUCK RD STE A CHUBBUCK ID 83202 3. New 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	JEREMY W HALE	445 W. CHUBBUCK RD. STE A	CHUBBUCK	ID	USA	83202
SECRETARY	NICOLE K HALE	5341 YELLOWSTONE AVE	CHUBBUCK	ID	USA	83202

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 152833**	Signature: Jeremy Hale	Date: 11/21/2015
	Name (type or print): Jeremy Hale	Title: President

Processed 11/21/2015

* Electronically provided signatures are accepted as original signatures.