

No. <b>C 111212</b>	<b>Due no later than Jun 30, 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>1. Mailing Address: Correct in this box if needed.</b>  WILLIAMS CHIROPRACTIC PAIN RELIEF CLINIC PROFESSIONAL ASSOCIATION SPENCER WILLIAMS 1015 WASHINGTON ST. N. TWIN FALLS ID 83301		SPENCER WILLIAMS 1015 WASHINGTON ST. N. TWIN FALLS ID 83301				
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			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	SPENCER G WILLIAMS	1015 WASHINGTON ST. N.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>C 111212</b>	6. Annual Report must be signed.*  Signature: Sgw Name (type or print): Sgw					Date: 04/14/2014 Title: Owner	
Processed 04/14/2014	* Electronically provided signatures are accepted as original signatures.						