

No. C 180769		Due no later than Nov 30, 2017 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. CHIROPRACTIC PLUS P.C. CHRISTOPHER THOMAS PO BOX 2402 PRIEST RIVER ID 83856		CHRIS THOMAS 314 E ALBENI HWY STE 103 PRIEST RIVER ID 83856			
						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	CHRISTOPHER A THOMAS	205 LAURELHURST DRIVE	NEWPORT	WA	USA	99156	
VICE PRESIDENT	SARAH A THOMAS	205 LAURELHURST DR.	NEWPORT	WA	USA	99156	
5. Organized Under the Laws of: ID C 180769		6. Annual Report must be signed.* Signature: Christopher Thomas Name (type or print): Christopher Thomas					
		Date: 11/13/2017 Title: President					
Processed 11/13/2017		* Electronically provided signatures are accepted as original signatures.					