

No. <b>C 140726</b>	<b>Due no later than Sep 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>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> HANSEN CHIROPRACTIC AND NEUROLOGY HEALTH CENTER, P.C. LYNN HANSEN 1210 OAKLEY AVE BURLEY ID 83318 USA		LYNN HANSEN 1210 OAKLEY AVE BURLEY ID 83318			
			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	LYNN A HANSEN	1210 OAKLEY AVE	BURLEY	ID	USA	83318
5. Organized Under the Laws of:  <b>ID C 140726</b>	6. Annual Report must be signed.* Signature: Lynn Hansen Name (type or print): Lynn Hansen		Date: 07/11/2014 Title: President			
Processed 07/11/2014		* Electronically provided signatures are accepted as original signatures.				