

No. C 147531		Due no later than Feb 28, 2015		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. BURKE FAMILY CHIROPRACTIC INTEGRATIVE HEALTH SERVICES, INC. TERRY L BURKE DC 1348 E 17TH ST IDAHO FALLS ID 83404-6270 USA		TERRY L BURKE 1348 E 17TH ST IDAHO FALLS 83404-6270			
				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	TERRY L BURKE	1348 E. 17 TH ST.	IDAHO FALLS	ID	USA	83404-6270	
SECRETARY	DELORES J BURKE	1348 E. 17 TH ST.	IDAHO FALLS	ID	USA	83404-6270	
5. Organized Under the Laws of: IV C 147531		6. Annual Report must be signed.* Signature: Terry L. Burke DC Name (type or print): Terry L. Burke DC Date: 12/17/2014 Title: Pres.					
Processed 12/17/2014		* Electronically provided signatures are accepted as original signatures.					