

No. C 167723		Due no later than Jul 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NELSON CHIROPRACTIC P.A. AARON M NELSON 3360 S 15TH E IDAHO FALLS ID 83404		AARON MARK NELSON 3360 S 15TH E IDAHO FALLS ID 83404			
				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	AARON M NELSON	3360 S 15TH E	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 167723		6. Annual Report must be signed.* Signature: Aaron Nelson Name (type or print): Aaron Nelson Date: 05/21/2018 Title: Owner					
Processed 05/21/2018		* Electronically provided signatures are accepted as original signatures.					