

No. <b>C 131730</b>		<b>Due no later than Dec 31, 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>  STOREY CHIROPRACTIC CLINIC, P.C. DR. RONALD J. STOREY 50 BROADWAY AVE STE A BOISE ID 83702 USA		RONALD J STOREY DC 50 BROADWAY AVE STE A BOISE 83702			
						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	DR. RONALD J. STOREY	50 BROADWAY	BOISE	ID	USA	83702	
5. Organized Under the Laws of:  <b>ID</b> <b>C 131730</b>		6. Annual Report must be signed.*  Signature: Dr Ronald J. storey Name (type or print): Dr Ronald J. storey					
		Date: 11/08/2014 Title: President					
Processed 11/08/2014      * Electronically provided signatures are accepted as original signatures.							