

No. C 118608		Due no later than Mar 31, 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. MATTHEWS CHIROPRACTIC, P.C. COREY MATTHEWS 403 S 11TH #110 BOISE ID 83702 USA		COREY MATTHEWS DC 403 S 11TH STE 110 BOISE ID 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	COREY MATTHEWS D.C.	403 S. 11TH #110	BOISE	ID	USA	83702	
SECRETARY	ANDREA B MATTHEWS	1100 ARBOR ISLAND WAY	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 118608		6. Annual Report must be signed.* Signature: Corey Matthews, D.C. Name (type or print): Corey Matthews, D.C.					
Processed 01/20/2017		Date: 01/20/2017 Title: President * Electronically provided signatures are accepted as original signatures.					