

No.

C127062

Annual Report Form

Due No Later Than November 30,

1999

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct If Not Correct

ANDERSON CHIROPRACTIC CARE,
GEOFF D ANDERSON
7149 E EMERALD

ROBERT C. MONTGOMERY, CH
355 W MYRTLE #102

BOISE ID 83702

3. Organized Under the Laws of:

ID C127062

* FIRST NOTICE *

BOISE ID 83704

1. Corporations: Enter Names and Business Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Geoffrey Anderson	7149 W. EMERALD	BOISE	ID	83704
Secretary	KATHLEEN ANDERSON	7149 W. EMERALD	BOISE	ID	83704

Signature of New Registered Agent

6.

Signature  Date 8-2-99

Name (Typed or Printed) GEOFF ANDERSON Title President

ISSUED: 07-03-1999

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