No. C 164871		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		NATHAN EVANS DC				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EVANS CHIROPRACTIC P.A. NATHAN EVANS 1360 ALBION AVE BURLEY ID 83318			1360 ALBION AVE BURLEY 83318 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
2001 802 10	mes and Busin	ess Addresses of Presider	nt, Secretary, and Directors. Trea	asurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT NATHAN J EVANS		EVANS	1360 ALBION AVE		BURLEY	ID	USA	83318
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Nathan J Evans			Date: 01/03/2015			
C 164871		Name (type or print): Nathan J Evans			Title: President			
Processed 01/03/2015 * Electronically provided signatures are accepted as original signatures.								