No. C 204660		Du	ie no later than Jan 31, 2016	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. PAULA J MURPHY CHIROPRACTIC, INC. PAULA J MURPHY 911 W JEFFERSON STREET BOISE ID 83702		911 W JEFF BOISE ID	PAULA J MURPHY, D.C. 911 W JEFFERSON STREET BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILIN RECEIVED BY 4. Corporations: Ente	DUE DATE	siness Addresses of	President, Secretary, and Directors. Tre	easurer (optional)				
Office Held	Name	Siriess / idai esses or	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	PAULA JE	AN MURPHY	1180 W EL PELAR DR	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Repor	6. Annual Report must be signed.*					
ID C 204660		Signature: Pa	Signature: Paula J Murphy, D.C. Date: 01/08/2016				i	
		Name (type o	Name (type or print): Paula J Murphy, D.C. Title: President					
Processed 01/08/201	6	* Electronically p	rovided signatures are accepted as orig	inal signatures.				