

No. C 151889		Due no later than Nov 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOLLAND CHIROPRACTIC & REHABILITATION, P.C. JOHN H HOLLAND 2086 ADDISON AVE E TWIN FALLS ID 83301		JOHN HOLLAND 2086 ADDISON AVE E TWIN FALLS ID 83301			
				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	
SECRETARY	STEPHANIE L HOLLAND	2086 ADDISON AVE EAST	TWIN FALLS	ID	USA	83301-5306	
PRESIDENT	JOHN H HOLLAND	2086 ADDISON AVE EAST	TWIN FALLS	ID	USA	83301-5306	
5. Organized Under the Laws of: ID C 151889		6. Annual Report must be signed.* Signature: john holland Name (type or print): john holland Date: 09/27/2016 Title: president					
Processed 09/27/2016		* Electronically provided signatures are accepted as original signatures.					