No. C 179429		Due no later than Jul 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. DOWNEY CHIROPRACTIC CLINIC, P.C. DENNIS J DOWNEY 108 EAST PINE ST CALDWELL ID 83605		2. Registered A	2. Registered Agent and Address (NO PO BOX) DENNIS J DOWNEY 108 EAST PINE ST CALDWELL ID 83605 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				108 EAST PII CALDWELL I				
NO FILIN RECEIVED BY 4. Corporations: Enter	DUE DATE	ness Addresses o	f President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DENNIS J [DOWNEY	108 EAST PINE ST	CALDWELL	ID	USA	83605-4836	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 179429		Signature: D	DENNIS J DOWNEY		Date: 06/23/2016			
		Name (type	or print): DENNIS J DOWNEY		Title: PRESIDENT			
Processed 06/23/201	.6	* Electronically	provided signatures are accepted as origin	nal signatures.				