

No. C 131730	Due no later than Dec 31, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. STOREY CHIROPRACTIC CLINIC, P.C. DR. RONALD J. STOREY 50 BROADWAY AVE STE A BOISE ID 83702		RONALD J STOREY DC 50 BROADWAY AVE STE A BOISE ID 83702			
			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
PRESIDENT	DR. RONALD J. STOREY	50 BROADWAY	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID C 131730	6. Annual Report must be signed.* Signature: Dr. Ronald J. Storey Name (type or print): Dr. Ronald J. Storey		Date: 01/12/2018 Title: President			
Processed 01/12/2018		* Electronically provided signatures are accepted as original signatures.				