

No. <b>C 149327</b>		<b>Due no later than May 31, 2018</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  TOTAL HEALTH CHIROPRACTIC, P.C. CLIFTON C ANDREWS 280 E 5TH N PMB 166 MTN HOME ID 83647		CLIFTON ANDREWS 270 E. 5TH N. MTN HOME ID 83647			
				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	AMANDA ANDREWS	773 W. BACALL ST.	MERIDIAN	ID	USA	83646	
PRESIDENT	CLIFTON C ANDREWS	773 W. BACALL ST.	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:  <b>ID C 149327</b>		6. Annual Report must be signed.* Signature: Clifton Andrews Name (type or print): Clifton Andrews Date: 05/01/2018 Title: President					
Processed 05/01/2018		* Electronically provided signatures are accepted as original signatures.					