

No. C 177026		Due no later than Feb 28, 2018		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		RYAN LEISY 128 BRITTANY LOOP SANDPOINT ID 83864			
		1. Mailing Address: Correct in this box if needed. NORTHERN LAKES CHIROPRACTIC CLINIC, P.C. RYAN A LEISY P.O. BOX 26 KOOTENAI ID 83840		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	ABBY N LEISY	P.O. BOX 26	KOOTENAI	ID	USA	83840	
PRESIDENT	RYAN A LEISY	P.O. BOX 26	KOOTENAI	ID	USA	83840	
5. Organized Under the Laws of: ID C 177026		6. Annual Report must be signed.* Signature: Ryan Leisy Name (type or print): Ryan Leisy					
		Date: 01/16/2018 Title: President					
Processed 01/16/2018		* Electronically provided signatures are accepted as original signatures.					