

No. <b>W 153305</b>		<b>Due no later than Jun 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  MADISON RIDGE CHIROPRACTIC, LLC 1096 ERIKSON DR REXBURG ID 83440		RYAN NYE 1096 ERIKSON DR REXBURG ID 83440			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	SCOTT WHITE	1096 ERIKSON DR	REXBURG	ID	USA	83440	
MANAGER	RYAN NYE	1096 ERIKSON DR	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:  <b>ID</b> <b>W 153305</b>		6. Annual Report must be signed.*  Signature: Scott C. White Name (type or print): Scott C. White  Date: 04/28/2016 Title: Manager, co-owner					
Processed 04/28/2016 * Electronically provided signatures are accepted as original signatures.							