

No. W 122064		Due no later than Feb 29, 2016		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. BOWMAN CHIROPRACTIC, PLLC WESLEY AARON BOWMAN 300 W 2ND S SODA SPRINGS ID 83276 USA		WESLEY AARON BOWMAN 300 W 2ND S SODA SPRINGS ID 83276	
				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	WESLEY AARON BOWMAN	300 W 2ND S	SODA SPRINGS	ID	USA 83276
5. Organized Under the Laws of: ID W 122064		6. Annual Report must be signed.* Signature: Aaron Bowman Name (type or print): Aaron Bowman Date: 02/10/2016 Title: Manager			
Processed 02/10/2016		* Electronically provided signatures are accepted as original signatures.			