No. <b>W 25260</b>		D	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  HOLLAND CHIROPRATIC & REHAB PLLC  JOHN H HOLLAND JR.  2086 ADDISON AVE EAST		2086 ADDI TWIN FALI	JOHN H HOLLAND JR 2086 ADDISON AVE E TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		TWIN FALLS		3. <u>New</u> Regist	tered Agent Si	ignature:*		
700	ame		Street or PO Address	City	State	Country	Postal Code	
	JOHN H HOLLAND JR STEPHANIE HOLLAND		1200 E 940 S 1200 E 940 S	EDEN EDEN	ID ID		83338 83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 25260		Signature: john holland			Date: 06/08/2018			
		Name (type o	r print): john holland		Title: president			
Processed 06/08/2018		* Electronically provided signatures are accepted as original signatures.						