

No. <b>W 103750</b>		<b>Due no later than May 31, 2014</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>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>  TRAILHEAD CHIROPRACTIC LLC NATE SPANGLER 3858 N. GARDEN CENTER WAY SUITE 101 BOISE ID 83703 USA		NATE SPANGLER 5245 W. ELLENS FERRY COURT BOISE ID 83703			
				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	NATE A SPANGLER	3858 N. GARDEN CENTER WAY SUITE 101	BOISE	ID	USA	83703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 103750</b>		Signature: Nathan Spangler, DC				Date: 06/17/2014	
		Name (type or print): Nathan Spangler, DC				Title: Doctor of Chiropractic	
Processed 06/17/2014		* Electronically provided signatures are accepted as original signatures.					