

No. W 167567		Due no later than Jun 30, 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		1. Mailing Address: Correct in this box if needed. SCHURMANN CHIROPRACTIC & WELLNESS CENTER, LLC RALF SCHURMANN 6737 B CODY ST BONNERS FERRY ID 83805		RALF SCHURMANN 6737 B CODY ST BONNERS FERRY ID 83805	
				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
MEMBER	RALF SCHURMANN	6737 B CODY ST	BONNERS FERRY	ID	USA 83805
5. Organized Under the Laws of: ID W 167567		6. Annual Report must be signed.* Signature: Ralf Schurmann Name (type or print): Ralf Schurmann Date: 04/23/2018 Title: Owner			
Processed 04/23/2018		* Electronically provided signatures are accepted as original signatures.			