

No. W 87040		Due no later than Sep 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. IRONWOOD CHIROPRACTIC CENTER, LLC BRAD REED 1410 LINCOLN WAY STE 200 SUITE 200 COEUR D ALENE ID 83814		BRAD REED 1410 LINCOLN WAY STE 200 COEUR D ALENE ID 83814			
				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	TERRIE L REED	1997 E FOUNTAIN DR.	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 87040		Signature: Bradley S. Reed				Date: 07/30/2018	
		Name (type or print): Bradley S. Reed				Title: Director	
Processed 07/30/2018		* Electronically provided signatures are accepted as original signatures.					