

|   |                       |  |  |   |             |                |                      |
|---|-----------------------|--|--|---|-------------|----------------|----------------------|
| No. <b>W 87040</b>  |                       | <b>Due no later than Sep 30, 2018</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )            |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>IRONWOOD CHIROPRACTIC CENTER, LLC<br>BRAD REED<br>1410 LINCOLN WAY STE 200<br>SUITE 200<br>COEUR D ALENE ID 83814 |  | BRAD REED<br>1410 LINCOLN WAY STE 200<br>COEUR D ALENE ID 83814 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                       |  |  | 3. <u>New</u> Registered Agent Signature:*                      |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.        |                       |  |  |   |             |                |                      |
| Office Held<br>MEMBER   | Name<br>TERRIE L REED | Street or PO Address<br>1997 E FOUNTAIN DR.  |  | City<br>POST FALLS  | State<br>ID | Country<br>USA | Postal Code<br>83854 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 87040</b>                                  |                       | 6. Annual Report must be signed.*<br><br>Signature: Bradley S. Reed<br>Name (type or print): Bradley S. Reed<br><br>Date: 07/30/2018<br>Title: Director                            |  |   |             |                |                      |
| Processed 07/30/2018      * Electronically provided signatures are accepted as original signatures. |                       |  |  |   |             |                |                      |