No. W 187939		Due no later than Aug 31, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JOHN JOSEPH GAURUDER			
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. GAURUDER CHIROPRACTIC LLC JOHN JOSEPH GAURUDER 218 DIVIDEND DR SUITE 1 REXBURG ID 83440 mes and Addresses of at least one Member or Manager.		TETON ID	3020 N 8000 EAST TETON ID 83451 3. New Registered Agent Signature:*			
Office Held	Name	mes and Addresses (Street or PO Address	City	State	Country	Postal Code	
MANAGER		PH GAURUDER	218 DIVIDEND DR SUITE 1	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 187939		Signature: John		Date: 09/21/2018				
		Name (type or p		Title: Manager				
Processed 09/21/2018		* Electronically prov	rided signatures are accepted as original	l signatures.				