

No. <b>W 154373</b>		<b>Due no later than Jul 31, 2018</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>  ADJUST MERIDIAN LLC TODD HARRISON 1118 12TH AVE S NAMPA ID 83651 USA		TODD HARRISON 1118 12TH AVE S NAMPA ID 83651-8365			
				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	TODD J HARRISON	1118 12TH AVE S	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 154373</b>		Signature: TODD HARRISON				Date: 06/01/2018	
		Name (type or print): TODD HARRISON				Title: CLINIC DIRECTOR	
Processed 06/01/2018		* Electronically provided signatures are accepted as original signatures.					