

No. W 96813		Due no later than Oct 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GARDNER CHIROPRACTIC PLLC AARON GARDNER 518 S WASHINGTON AVE EMMETT ID 83617		AARON GARDNER 1900 E LOCUST ST EMMETT ID 83617			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name AARON GARDNER	Street or PO Address 1900 E LOCUST ST		City EMMETT	State ID	Country USA	Postal Code 83617
5. Organized Under the Laws of: ID W 96813		6. Annual Report must be signed.* Signature: Aaron Gardner Name (type or print): Aaron Gardner Date: 09/25/2014 Title: Owner					
Processed 09/25/2014 * Electronically provided signatures are accepted as original signatures.							