

No. W 96813		Due no later than Oct 31, 2014		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		Annual Report Form 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			
				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	AARON GARDNER	1900 E LOCUST ST	EMMETT	ID	USA	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.					