

No. W 106069	Due no later than Aug 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. STREAMLINE CHIROPRACTIC, P.L.L.C. JEFF WILLIAMS 560 MEMORIAL DR. STE. A POCATELLO ID 83201-4073		JEFF WILLIAMS 560 MEMORIAL DR. STE. A POCATELLO ID 83201-4073			
			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	HEIDI G WILLIAMS	560 MEMORIAL DR. STE. A	POCATELLO	ID	USA	83201-4073
5. Organized Under the Laws of: ID W 106069	6. Annual Report must be signed.* Signature: Jeffrey Williams Name (type or print): Jeffrey Williams		Date: 06/22/2016 Title: RN/DC owner			
Processed 06/22/2016		* Electronically provided signatures are accepted as original signatures.				