| No. W 107692 | | Due no later than Oct 31, 2015 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|--|---------------------------------------|------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | JAMES BINGHAM 1701 N REGAL DR BOISE ID 83704 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. BOISE VALLEY CHIROPRACTIC, LLC JAMES H BINGHAM 1701 N REGAL DR BOISE ID 83704 | | BOISE ID | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Address | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER JAMES H BINGHA | | INGHAM | 1701 N REGAL DR | BOISE | ID | USA | 83704 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Ja | | Date: 08/17/2015 | | | | |
| W 107692 | | Name (type o | r print): James Bingham | | Title: Owner | | | |
| Processed 08/17/2015 | | Electronically provided signatures are accepted as original signatures. | | | | | | |