No. **W 61657**	**Due no later than Apr 30, 2017** **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.** MIHIN CHIROPRACTIC CLINIC, PLLC WILLIAM S MIHIN 1207 MICHIGAN ST STE B SANDPOINT ID 83864	WILLIAM MIHIN 218 COLBURN CULVER RD SANDPOINT ID 83864 3. New 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
MEMBER	WILLIAM S MIHIN	1207 MICHIGAN ST STE B	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 61657**	Signature: William Mihin	Date: 03/17/2017
	Name (type or print): William Mihin	Title: President

Processed 03/17/2017

* Electronically provided signatures are accepted as original signatures.