

No. W 61373		Due no later than Apr 30, 2015		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. J. B. EGBERT CHIROPRACTIC, LLC. JONATHAN B EGBERT 1134 BOND AVE REXBURG ID 83440		JONATHAN B EGBERT 625 CANYON SPRINGS DR REXBURG 83440	
				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	JONATHAN B EGBERT	625 CANYON SPRINGS DR	REXBURG	ID	83440
MEMBER	HALEY A EGBERT	625 CANYON SPRINGS DR	REXBURG	ID	83440
5. Organized Under the Laws of: ID W 61373		6. Annual Report must be signed.* Signature: Jonathan Egbert Name (type or print): Jonathan Egbert Date: 03/02/2015 Title: Owner			
Processed 03/02/2015		* Electronically provided signatures are accepted as original signatures.			