No. W 85582		Due no later than Jul 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			RYAN JONES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALIGN YOUR HEALTH CHIROPRACTIC PLLC RYAN JONES 859 S YELLOWSTONE HWY 301 REXBURG ID 83440		REXBURG II	859 S YELLOWSTONE HWY 301 REXBURG ID 83440 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER RYAN DUANE JON		E JONES	637 STONEBRIDGE	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ryan Jones			Date: 08/17/2015			
W 85582		Name (type or print): Ryan Jones			Title: President			
Processed 08/17/2015 * Electronically provided signatures are accepted as original signatures.								