

No. W 106069		Due no later than Aug 31, 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		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 USA		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: Heidi Williams Name (type or print): Heidi Williams					
		Date: 06/26/2015 Title: Office Manager					
Processed 06/26/2015		* Electronically provided signatures are accepted as original signatures.					