No. W 131736	Due no later than Dec 31, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		5 C C C C C C C C C C C C C C C C C C C	TYSON WILLIAM DEVEREUX			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		N - 1500 N - 1000 N - 1500 N - 1500 N	2007 N WHITLEY DR FRUITLAND ID 83619			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GARDENS CHIROPRACTIC PLLC (THE) TYSON WILLIAM DEVEREUX 2007 N WHITLEY DR		FROITLAND				
	FRUITLAND ID 83619		3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 TYSON WILLIAM DEVEREUX 2007 N WHITLEY DR			FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	ID Signature: Tyson Devereux		Date: 10/27/2016				
W 131736	W 131736 Name (type or print): Tyson Devereux		Title: Owner				
Processed 10/27/2016	* Electronically provided signatures are accepted as original signatures.						