

No. W 116547		Due no later than Aug 31, 2015 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. WRIGHT CHIROPRACTIC PLLC LOREN D WRIGHT 212 W IRONWOOD DR D #116 COEUR D ALENE ID 83814 USA		LOREN D WRIGHT 1210 N. IDAHO ST. BLDG 3 STE C POST FALLS ID 83854	
				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
MEMBER	LOREN D WRIGHT	212 W IRONWOOD DR. STE D #116	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 116547		6. Annual Report must be signed.* Signature: Loren Wright Name (type or print): Loren Wright Date: 06/25/2015 Title: Owner/Member			
Processed 06/25/2015		* Electronically provided signatures are accepted as original signatures.			