

No. W 190150		Due no later than Oct 31, 2018		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		ALAN HANSON 610 E AVE D JEROME ID 83338			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		JEROME FAMILY CHIROPRACTIC LLC 215 N LINCOLN AVE JEROME ID 83338					
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	AMYLYNN HANSON	610 E AVE D	JEROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 190150		Signature: Alan Hanson			Date: 09/01/2018		
		Name (type or print): Alan Hanson			Title: Owner/ D.C		
Processed 09/01/2018		* Electronically provided signatures are accepted as original signatures.					