

No. <b>W 106070</b>		Due no later than Aug 31, 2014 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> HEALTHY ALIGNMENT CHIROPRACTIC PLLC PATRICK N STROMER 1155 E WINDING CREEK DR EAGLE ID 83616 USA		PATRICK STROMER 6208 W BUTTE ST BOISE ID 83704			
				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	PATRICK N STROMER	6208 BUTTE ST.	BOISE	ID	USA	83704	
5. Organized Under the Laws of:  <b>ID W 106070</b>		6. Annual Report must be signed.* Signature: Patrick Stromer Name (type or print): Patrick Stromer					
		Date: 06/10/2014 Title: Owner/Manager					
Processed 06/10/2014		* Electronically provided signatures are accepted as original signatures.					