

No. W 57153		Due no later than Dec 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BEAR RIVER CHIROPRACTIC, LLC JARED M SHELTON, DC 45 W CENTER ST SODA SPRINGS ID 83274-1530		JARED M SHELTON 45 W CENTER ST SODA SPRINGS ID 83274-1530	
				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	JARED M SHELTON	45 W CENTER ST	SODA SPRINGS	ID	83276
5. Organized Under the Laws of: ID W 57153		6. Annual Report must be signed.* Signature: Jared M Shelton, DC Name (type or print): Jared M Shelton, DC Date: 10/15/2015 Title: Manager			
Processed 10/15/2015		* Electronically provided signatures are accepted as original signatures.			