

No. W 39004		Due no later than May 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. CHIROPRACTIC HEALING ARTS CENTER, LLC ANGELA K. GOODWIN 1135 9TH STREET IDAHO FALLS ID 83404		ANGELA K GOODWIN 1135 9TH STEET IDAHO FALLS ID 83404	
				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	ANGELA K GOODWIN	1135 9TH STREET	IDAHO FALLS	ID	83404
5. Organized Under the Laws of: ID W 39004		6. Annual Report must be signed.* Signature: Angela Goodwin Name (type or print): Angela Goodwin Date: 04/25/2015 Title: Owner			
Processed 04/25/2015		* Electronically provided signatures are accepted as original signatures.			