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|--|-------------------|---|---------|--|---------|-------------|--|
| No. W 61373 | | Due no later than Apr 30, 2014 | | 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. J. B. EGBERT CHIROPRACTIC, LLC. JONATHAN B EGBERT 1134 BOND AVE REXBURG ID 83440 | | JONATHAN B EGBERT 625 CANYON SPRINGS DR REXBURG ID 83440 | | | |
| | | | | 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 | JONATHAN B EGBERT | 625 CANYON SPRINGS DR | REXBURG | ID | USA | 83440 | |
| MEMBER | HALEY A EGBERT | 625 CANYON SPRINGS DR | REXBURG | ID | USA | 83440 | |
| 5. Organized Under the Laws of: ID W 61373 | | 6. Annual Report must be signed.* Signature: Jonathan Egbert Name (type or print): Jonathan Egbert Date: 02/17/2014 Title: Manager | | | | | |
| Processed 02/17/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |