

No. W 128325	Due no later than Aug 31, 2015 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. BODO CHIROPRACTIC LLC JENNIFER A DORN 405 S 8TH ST STE 290 BOISE ID 83702	JENNIFER A DORN 405 S 8TH ST STE 290 BOISE ID 83702	
		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	KYLE BLEVINS	405 S 8TH ST STE 290	BOISE ID USA 83702
5. Organized Under the Laws of: ID W 128325	6. Annual Report must be signed.* Signature: JENNIFER Dorn Name (type or print): JENNIFER Dorn		Date: 07/14/2015 Title: Owner
Processed 07/14/2015		* Electronically provided signatures are accepted as original signatures.	