No. <b>W 151363</b>		Due no later than May 31, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		to account programme and account of	HANS K STEIDL 1205 HWY 2, SUITE 304 B SANDPOINT ID 83864-8386  3. New Registered Agent Signature:*			
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.  STEIDL FAMILY CHIROPRACTIC, LLC HANS K STEIDL 20 PANORAMA RIDGE RD SANDPOINT ID 83864 USA  mes and Addresses of at least one Member or Manager.		SANDPOINT				
Office Held	Name	ies ariu Audress	Street or PO Address	City	State	Country	Postal Code	
MANAGER	HANS KONRA	D STEIDL	20 PANORAMA RIDGE RD	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 151363		Signature: Hans Steidl		Date: 0	Date: 05/18/2017			
		Name (type or print): Hans Steidl		Title:	Title: Owner/Manager			
Processed 05/18/2017	7	* Electronically p	rovided signatures are accepted as origina	l signatures.				