

No. W 34121		Due no later than Oct 31, 2017		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. LEWISTON FAMILY CHIROPRACTIC, LLC KURT BAILEY 3510 12TH ST STE 200 LEWISTON ID 83501		KURT BAILEY 3510 12TH ST STE 200 LEWISTON ID 83501	
				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	KURT BAILEY	3510 12TH ST STE 200	LEWISTON	ID	83501
MANAGER	KAREN BAILEY	3510 12TH ST STE 200	LEWISTON	ID	83501
5. Organized Under the Laws of: ID W 34121		6. Annual Report must be signed.* Signature: K Bailey Name (type or print): K Bailey Date: 08/18/2017 Title: Manager			
Processed 08/18/2017		* Electronically provided signatures are accepted as original signatures.			