No. W 100512	Due no later than Feb 29, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:	urn to: Annual Report Form		JACOB E REISENAUER				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. JAUREGUITO SPORTS AND FAMILY CHIROPRACTIC, PLLC JOEL T. JAUREGUITO 213 NORTH MAIN #1		100000000 0000000000000000000000000000	326 E 6TH ST MOSCOW ID 83843			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			PIOSCOW ID 63043				
	MOSCOW ID 83843		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
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 JOEL T JAUREGUITO		213 NORTH MAIN	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Joel	Signature: Joel T. Jaureguito, D.C.		Date: 01/15/2016			
W 100512	Name (type or p	Title: CEO/President					
Processed 01/15/2016	* Electronically provided signatures are accepted as original signatures.						