

No. W 69618		Due no later than Dec 31, 2017 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		1. Mailing Address: Correct in this box if needed. EVENSON CHIROPRACTIC, LLC ANDREW T EVENSON 916 IRONWOOD DR. SUITE 1 COEUR D ALENE ID 83814		ANDREW EVANSON 916 IRONWOOD DRIVE SUITE 1 COEUR D'ALENE ID 83814-8381			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name ANDREW EVENSON	Street or PO Address 1336 W. TANNER		City HAYDEN	State ID	Country	Postal Code 83835
5. Organized Under the Laws of: ID W 69618		6. Annual Report must be signed.* Signature: Andrew Evenson Name (type or print): Andrew Evenson Date: 01/05/2018 Title: Owner					
Processed 01/05/2018 * Electronically provided signatures are accepted as original signatures.							