No. W 109957	Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018	2. Registered Agent and Office **(NOT A P.O. BOX)** JENNIFER COUCHMAN 10451 GARVERDALE CT SUITE 204 BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** ELEVATION CHIROPRACTIC, LLC BRANDON COUCHMAN 10451 GARVERDALE CT SUITE 204 BOISE ID 83704	3. New Registered Agent Signature.
REINSTATEMENT FEE **DUE:** $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☑ Member ☐	Brandon L. Couchman,	10451 W. Garverdale Ct. Suite 204	Boise,	Id		83704
Manager ☐ Member ☑	Jennifer Couchman,	10451 W. Garverdale Ct. Suite 204	Boise,	Id		83704
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 109957		5/2/18
	Name (type or print): Brandon L. Couchman	Title: Manager

Issued 05/02/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM