

No. <b>W 163390</b>		Due no later than Mar 31, 2017		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  CHIROGNOSTICS, LLC PO BOX 709 ST MARIES ID 83861		KIRK PARGE 201 N 8TH ST #4 ST MARIES ID 83861-8386			
				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	
MEMBER	MICHELLE R. PARGE	PO BOX 709	ST MARIES	ID	USA	83861-0709	
5. Organized Under the Laws of:  <b>ID W 163390</b>		6. Annual Report must be signed.* Signature: K E Parge Name (type or print): K E Parge					
				Date: 01/24/2017		Title: CEO	
Processed 01/24/2017		* Electronically provided signatures are accepted as original signatures.					