

No. W 72198	Due no later than Mar 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FINN CHIROPRACTIC, PLLC GRANT D FINN PO BOX 4987 POCATELLO ID 83205	ERIC L OLSEN 201 E CENTER POCATELLO ID 83204			
		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	GRANT D FINN	2090 ELMORE	POCATELLO	ID	83201
5. Organized Under the Laws of: ID W 72198	6. Annual Report must be signed.* Signature: GRANT D FINN Name (type or print): GRANT D FINN Date: 01/30/2016 Title: MEMBER				
Processed 01/30/2016		* Electronically provided signatures are accepted as original signatures.			