No. W 114536	Du	Due no later than Jun 30, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ALLIED WELLNESS PLLC 1859 S TOPAZ WAY SUITE 102 MERIDIAN ID 83642				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	WOODWARD (1. Mailing Address: Correct in this box if needed. WOODWARD CHIROPRACTIC, PLLC TODD C WOODWARD DC 1859 S TOPAZ WAY SUITE 102 MERIDIAN ID 83642						
				3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Er	nter Names and Addresse	es of at least one Member or Manager.						
Office Held Name	:	Street or PO Address	City	State	Country	Postal Code		
	C WOODWARD Y A WOODWARD	1859 S TOPAZ WAY SUITE 102 1859 S TOPAZ WAY SUITE 102	MERIDIAN MERIDIAN	ID ID	USA USA	83642 83642		
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*						
ID ID	Signature: To	Signature: Todd Woodward		Date: 04/26/2017				
W 114536	Name (type o	Name (type or print): Todd Woodward		Title: Manager				
Processed 04/26/2017	* Electronically provided signatures are accepted as original signatures.							