

No. W 89823		Due no later than Jan 31, 2016		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		Annual Report Form		AARON STERN 620 FOX ACRES RD HAILEY ID 83333			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		AARON STERN CHIROPRACTIC PLLC AARON STERN PO BOX 6003 KETCHUM ID 83340					
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	
MANAGER	AARON STERN	P.O. BOX 6003	KETCHUM	ID	USA	83340	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 89823		Signature: Aaron Stern			Date: 11/18/2015		
		Name (type or print): Aaron Stern			Title: Doctor		
Processed 11/18/2015		* Electronically provided signatures are accepted as original signatures.					