

No. <b>W 166590</b>	<b>Due no later than May 31, 2018</b> <b>Annual Report Form</b>		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> WHITE CHIROPRACTIC LLC TRAVIS WHITE 1100 N COLE RD BOISE ID 83704		TRAVIS WHITE 5566 N KERCLIFFE CT BOISE ID 83704-8370			
			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	TRAVIS WHITE	5566 N KERCLIFFE CT	BOISE	ID	USA	83704
5. Organized Under the Laws of:  <b>ID W 166590</b>		6. Annual Report must be signed.* Signature: Travis L White Name (type or print): Travis L White		Date: 03/25/2018 Title: Doctor		
Processed 03/25/2018		* Electronically provided signatures are accepted as original signatures.				