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| No. W 103391 | | Due no later than May 31, 2015 | | 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 1. Mailing Address: Correct in this box if needed. CHIRO GROWTH SOLUTIONS, LLC JENNIFER KENNEDY 370 E KATHLEEN AVE STE 600 COEUR D ALENE ID 83815 USA | | AMY LYNN SPOELSTRA 370 E KATHLEEN AVE STE 600 COEUR D ALENE ID 83814 | |
| | | | | 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 |
| MANAGER | AMY L SPOELSTRA | 370 E KATHLEEN AVE STE 600 | COEUR D'ALENE | ID | USA 08315 |
| 5. Organized Under the Laws of: ID W 103391 | | 6. Annual Report must be signed.* Signature: Bonne H Giese Name (type or print): Bonne H Giese Date: 06/22/2015 Title: Bookkeeper | | | |
| Processed 06/22/2015 | | * Electronically provided signatures are accepted as original signatures. | | | |