

No. W 24369		Due no later than May 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 1. Mailing Address: Correct in this box if needed. AUSTIN FAMILY CHIROPRACTIC PLLC ADAM AUSTIN P.O. BOX 1243 MERIDIAN ID 83680-1243		ADAM AUSTIN DC 3058 SOUTH SILVERTIP LANE MERIDIAN ID 83642	
				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	ADAM AUSTIN DC	P.O. BOX 1243	MERIDIAN	ID	83680
MEMBER	JESSICA AUSTIN DC	P.O. BOX 1243	MERIDIAN	ID	83680
5. Organized Under the Laws of: ID W 24369		6. Annual Report must be signed.* Signature: Adam Austin Name (type or print): Adam Austin Date: 04/21/2016 Title: member			
Processed 04/21/2016		* Electronically provided signatures are accepted as original signatures.			