

No. <b>W 93072</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>1. Mailing Address: Correct in this box if needed.</b>  BRAD JAMISON CHIROPRACTIC, PLLC NOLAN B JAMISON 671 S. WOODRUFF AVE IDAHO FALLS ID 83401		STEPHANIE EGBERT 671 S WOODRUFF AVE IDAHO FALLS ID 83401			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	NOLAN B JAMISON	671 S WOODRUFF AVE		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:  <b>ID</b> <b>W 93072</b>		6. Annual Report must be signed.*  Signature: nolan b jamison Name (type or print): nolan b jamison  Date: 05/31/2018 Title: owner					
Processed 05/31/2018      * Electronically provided signatures are accepted as original signatures.							