No. **W 5041**	**Due no later than Nov 30, 2015** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** IDAHO FALLS CHIROPRACTIC CLINIC, PLLC DENISE HARTWELL 1880 E 17TH ST IDAHO FALLS ID 83404 USA	ERIC ADAMS 1880 E 17TH ST IDAHO FALLS ID 83404 3. New 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	ERIC ADAMS	1880 E 17TH ST	IDAHO FALLS	ID		83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 5041**	Signature: DeNise Hartwell	Date: 10/22/2015
	Name (type or print): DeNise Hartwell	Title: Office Manager

Processed 10/22/2015

* Electronically provided signatures are accepted as original signatures.