

No. <b>W 27949</b>		<b>Due no later than Jan 31, 2016</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  A+ CHIROPRACTIC, PLLC CARL ANDERSON 1505 S FIVE MILE RD BOISE ID 83709		CARL ANDERSON 1505 S FIVE MILE RD BOISE ID 83709	
				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	CARL ANDERSON	1505 S FIVE MILE RD	BOISE	ID	83709
5. Organized Under the Laws of:  <b>ID W 27949</b>		6. Annual Report must be signed.* Signature: Carl Anderson Name (type or print): Carl Anderson Date: 12/09/2015 Title: Owner			
Processed 12/09/2015		* Electronically provided signatures are accepted as original signatures.			