

No. W 10220		Due no later than Nov 30, 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. IDAHO CHIROPRACTIC GROUP, P.L.L.C TIM KLENA 403 S 11TH ST STE 110 BOISE ID 83702		COREY MATTHEWS 403 S 11TH ST STE 110 BOISE ID 83702	
				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	TIM KLENA	403 S 11TH ST SUITE 110	BOISE	ID	83702
MANAGER	COREY MATTHEWS	403 S 11TH ST SUITE 110	BOISE	ID	83702
5. Organized Under the Laws of: ID W 10220		6. Annual Report must be signed.* Signature: Tim Klena Name (type or print): Tim Klena Date: 10/06/2016 Title: manager			
Processed 10/06/2016		* Electronically provided signatures are accepted as original signatures.			