

No. W 176957		Due no later than Jan 31, 2018 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		1. Mailing Address: Correct in this box if needed. MOOSEAU CHIROPRACTIC PLLC DIXON MOOSEAU 1390 SOUTH MAPLE GROVE STE #200 BOISE ID 83709		DIXON MOOSEAU 612 N. GARDEN STREET BOISE ID 83706			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name DIXON KLINE MOOSEAU	Street or PO Address 1390 S. MAPLE GROVE		City BOISE	State ID	Country USA	Postal Code 83709
5. Organized Under the Laws of: ID W 176957		6. Annual Report must be signed.* Signature: Dixon Mooseau Name (type or print): Dixon Mooseau Date: 11/27/2017 Title: Owner					
Processed 11/27/2017 * Electronically provided signatures are accepted as original signatures.							