

No. <b>W 176957</b>		<b>Due no later than Jan 31, 2018</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>		DIXON MOOSEAU 612 N. GARDEN STREET BOISE ID 83706			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		MOOSEAU CHIROPRACTIC PLLC DIXON MOOSEAU 1390 SOUTH MAPLE GROVE STE #200 BOISE ID 83709					
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	DIXON KLINE MOOSEAU	1390 S. MAPLE GROVE	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 176957</b>		Signature: Dixon Mooseau			Date: 11/27/2017		
		Name (type or print): Dixon Mooseau			Title: Owner		
Processed 11/27/2017		* Electronically provided signatures are accepted as original signatures.					