

No. W 100512		Due no later than Feb 28, 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		1. Mailing Address: Correct in this box if needed. JAUREGUITO SPORTS AND FAMILY CHIROPRACTIC, PLLC JOEL T. JAUREGUITO 213 NORTH MAIN #1 MOSCOW ID 83843		JACOB E REISENAUER 326 E 6TH ST MOSCOW 83843			
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 JOEL T JAUREGUITO	Street or PO Address 213 NORTH MAIN		City MOSCOW	State ID	Country USA	Postal Code 83843
5. Organized Under the Laws of: ID W 100512		6. Annual Report must be signed.* Signature: joel jaureguito, d.c. Name (type or print): joel jaureguito, d.c. Date: 12/18/2014 Title: ceo/president					
Processed 12/18/2014 * Electronically provided signatures are accepted as original signatures.							