

No. **W 128325**

**Reinstatement Annual Report Form**  
**ADMIN DISSOLVED 11/03/2016**

Return to:

SECRETARY OF STATE  
450 N 4th STREET  
PO BOX 83720  
BOISE, ID 83720-0080

**REINSTATEMENT FEE**

**DUE: \$30.00**

**1. Mailing Address: Correct in this box if needed.**

BODO CHIROPRACTIC LLC  
JENNIFER A DORN  
405 S 8TH ST STE 290  
BOISE ID 83702

**2. Registered Agent and Office**  
**(NOT A P.O. BOX)**

JENNIFER A DORN  
405 S 8TH ST STE 290  
BOISE ID 83702

**3. New Registered Agent Signature.**

**4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

**Manager or Member**

**Name**

**Street or PO Address**

**City**

**State**

**Country**

**Postal Code**

Manager ☒ Member ☐

Kyle Blevins 229 W. Skylark Boise ID USA 83702

Manager ☐ Member ☐

Manager ☐ Member ☐

Manager ☐ Member ☐

**5. Organized Under the Laws of:**

**IDAHO**  
**W 128325**

**6.**

**Signature:**

**Name (type or print):**

**Date:**

**Title:**

Jennifer Dorn

11-14-16

Owner

Issued 11/14/2016 by online