

No. W 103750		Due no later than May 31, 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. TRAILHEAD CHIROPRACTIC LLC NATE SPANGLER 3858 N. GARDEN CENTER WAY SUITE 101 BOISE ID 83703		NATE SPANGLER 610 26TH STREET 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	NATE A SPANGLER	3858 N. GARDEN CENTER WAY SUITE 101	BOISE	ID	USA	83703	
5. Organized Under the Laws of: ID W 103750		6. Annual Report must be signed.* Signature: Nate Spangler Name (type or print): Nate Spangler Date: 06/17/2016 Title: Owner/Chiropractor					
Processed 06/17/2016		* Electronically provided signatures are accepted as original signatures.					