

No. <b>W 114561</b>	<b>Due no later than Jun 30, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  ALLIED WELLNESS, PLLC TODD C WOODWARD 3773 N EAGLE RD BOISE ID 83713-5005 USA		TODD WOODWARD DC 3773 N EAGLE RD BOISE 83713-5005			
			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
MEMBER	CATHY A WOODWARD	3773 N EAGLE RD	BOISE	ID	USA	83713-5005
MANAGER	TODD C WOODWARD	3773 N EAGLE RD	BOISE	ID	USA	83713-5005
5. Organized Under the Laws of:  <b>ID</b> <b>W 114561</b>	6. Annual Report must be signed.* Signature: Todd Woodward, DC Name (type or print): Todd Woodward, DC		Date: 04/19/2015 Title: Manager			
Processed 04/19/2015		* Electronically provided signatures are accepted as original signatures.				