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| No. W 5041 | | Due no later than Nov 30, 2017 | | 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. IDAHO FALLS CHIROPRACTIC CLINIC, PLLC DENISE HARTWELL 1880 E 17TH ST IDAHO FALLS ID 83404 USA | | ERIC ADAMS 1880 E 17TH ST IDAHO FALLS ID 83404 | |
| | | | | 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 | ERIC ADAMS | 1880 E 17TH ST | IDAHO FALLS | ID | 83404 |
| 5. Organized Under the Laws of: ID W 5041 | | 6. Annual Report must be signed.* Signature: Eric Adams Date: 09/27/2017 Name (type or print): Eric Adams Title: President | | | |
| Processed 09/27/2017 | | * Electronically provided signatures are accepted as original signatures. | | | |