No. <b>W 98863</b>		Due no later than Dec 31, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720		Annual Report Form  1. Mailing Address: Correct in this box if needed.  OMEGA CHIROPRACTIC PLLC JEFFREY JAMES PRIEBE		8109 N W	JEFFREY JAMES PRIEBE 8109 N WAYNE DR HAYDEN ID 83835			
NO FILING FEE IF RECEIVED BY DUE DATE		8109 N WAYNE DR HAYDEN ID 83835		3. <u>New</u> Regis	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compa Office Held		mes and Addresses o	of at least one Member or Manager.	C:L.	Chaha	Carratur	Doobol Codo	
MANAGER			Street or PO Address 8109 N WAYNE DR	City HAYDEN	State ID	Country USA	Postal Code 83815	
5. Organized Under the Laws of:  ID  W 98863		6. Annual Report must be signed.* Signature: Jeff Priebe Name (type or print): Jeff Priebe			Date: 10/14	•		
Processed 10/14/2015 * Electronically provided signatures are accepted as original signatures.								