No. W 100512	Due no later than Feb 28, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		JACOB E REI			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. JAUREGUITO SPORTS AND FAMILY CHIROPRACTIC, PLLC JOEL T. JAUREGUITO 213 NORTH MAIN #1		326 E 6TH ST MOSCOW ID 83843			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
	MOSCOW ID 83843		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held Name	Street o	r PO Address	City	State	Country	Postal Code
MANAGER JOEL T JAUREGUITO 213 NORTH MAIN		TH MAIN	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	ID Signature: Joel Jaureguito		Date: 01/12/2017			
W 100512	W 100512 Name (type or print): Joel Jaureguito		Title: CEO			
Processed 01/12/2017	* Electronically provided signatures are accepted as original signatures.					