

No. W 157224		Due no later than Oct 31, 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. SHISHIDO FAMILY CHIROPRACTIC PLLC DAREN K SHISHIDO 14891 N FITZWILLIAM ST NAMPA ID 83651		DAREN K SHISHIDO 14891 N FITZWILLIAM ST NAMPA ID 83651			
				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	DAREN K SHISHIDO	14891 N FITZWILLIAM ST	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 157224		Signature: Daren Shishido				Date: 08/23/2017	
		Name (type or print): Daren Shishido				Title: DC	
Processed 08/23/2017		* Electronically provided signatures are accepted as original signatures.					