| No. W 120699 | | Due no later than Jan 31, 2018 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------|--|--|--|---|---------|-------------|--|
| Return to: | | Annual Report Form | | PROPERTY OF THE PROPERTY OF | UNITED STATES CORPORATION AGEN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. BALANCED MOVEMENT CHIROPRACTIC, PLLC MICHAEL JAMES MCCONNELL 16730 N MARKETPLACE BLVD NAMPA ID 83687 | | 800 W MAIN ST STE 1460 BOISE ID 83702 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | USA | | | | | | |
| Office Held | Name | ines and Addresses of t | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | MICHAEL JA | MES MCCONNELL | 16730 N. MARKETPLACE. BLVD. | NAMPA | ID | USA | 83687 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 120699 | | Signature: Michael J McConnell | | Date: 11/27/2017 | | | | |
| | | Name (type or prin | | Title: owner | | | | |
| Processed 11/27/2017 | | * Electronically provide | ed signatures are accepted as original s | ignatures. | | | | |