

No. <b>W 82204</b>		<b>Due no later than Mar 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  TOTAL CARE CHIROPRACTIC PLLC THOMAS F MURDOCH 2060 E 25TH ST IDAHO FALLS ID 83404		THOMAS F MURDOCH 2060 E 25TH 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	THOMAS F MURDOCH	2060 E 25TH ST	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 82204</b>		Signature: thomas murdoch				Date: 01/25/2017	
		Name (type or print): thomas murdoch				Title: owner	
Processed 01/25/2017		* Electronically provided signatures are accepted as original signatures.					