

No. W 163390		Due no later than Mar 31, 2018		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. CHIROGNOSTICS, LLC KEPARGE PO BOX 741 TROY ID 83871-0741 USA		KIRK PARGE 201 N 8TH ST #4 ST MARIES ID 83861-8386	
				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	MICHELLE R. PARGE	PO BOX 741	TROY	ID	USA 83871-0741
5. Organized Under the Laws of: ID W 163390		6. Annual Report must be signed.* Signature: KEPARGE Name (type or print): KEPARGE Date: 04/23/2018 Title: CEO			
Processed 04/23/2018		* Electronically provided signatures are accepted as original signatures.			