No. W 98863		Due no later than Dec 31, 2014		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JEFFREY JAMES PRIEBE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. OMEGA CHIROPRACTIC PLLC JEFFREY JAMES PRIEBE 8109 N WAYNE DR HAYDEN ID 83835			8109 N WAYNE DR HAYDEN 83835 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
MANAGER	JEFFREY J PRIEBE		8109 N WAYNE DR	Н	AYDEN	ID	USA	83815
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 98863		Signature: Jeff Priebe			Date: 10/17/2014			
		Name (type or print): Jeff Priebe			Title: Chiropractic Physician			
Processed 10/17/2014 * Electronically provided signatures are accepted as original signatures.								