

No. <b>W 103750</b>		<b>Due no later than May 31, 2018</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>		NATE SPANGLER 610 26TH STREET BOISE ID 83702-8370			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		TRAILHEAD CHIROPRACTIC LLC NATHAN A SPANGLER 1625 W. STATE STREET SUITE 100 BOISE ID 83702 USA					
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	
MANAGER	NATE A SPANGLER	1625 W. STATE STREET SUITE 100	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 103750</b>		Signature: Nathan Spangler			Date: 06/28/2018		
		Name (type or print): Nathan Spangler			Title: Owner/Chiropractor		
Processed 06/28/2018		* Electronically provided signatures are accepted as original signatures.					