No. W 109802	Due no later than Jan 31, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			JOSH D GNE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. ELITE CARE CHIROPRACTIC LLC JOSH D GNEITING 210 W BURNSIDE AVE STE D		406 MORELAND AVE POCATELLO ID 83201				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				100 H2220 15 05251			
	CHUBBUCK ID 83202			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 JOSH D GNEITING		406 MORELAND AVE		POCATELLO	ID	USA	83201
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Josh Gneiting			Date: 02/09/2016			
W 109802	Name (type or print): Josh Gneiting			Title: Owner			
Processed 02/09/2016	* Electronically provided signatures are accepted as original signatures.						