

No. W 85582		Due no later than Jul 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. ALIGN YOUR HEALTH CHIROPRACTIC PLLC RYAN JONES 859 S YELLOWSTONE HWY 301 REXBURG ID 83440		RYAN JONES 859 S YELLOWSTONE HWY 301 REXBURG ID 83440			
				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	KARIE JONES	859 S YELLOWSTONE HWY SUITE 301	REXBURG	ID	USA	83440	
MANAGER	RYAN DUANE JONES	162 W 4650 NORTH	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 85582		Signature: Ryan Jones				Date: 06/20/2018	
		Name (type or print): Ryan Jones				Title: Member	
Processed 06/20/2018		* Electronically provided signatures are accepted as original signatures.					