

No. W 93072		Due no later than May 31, 2016		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		1. Mailing Address: Correct in this box if needed. BRAD JAMISON CHIROPRACTIC, PLLC NOLAN B JAMISON 671 S. WOODRUFF AVE IDAHO FALLS ID 83401		STEPHANIE EGBERT 671 S WOODRUFF AVE IDAHO FALLS ID 83401			
				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	NOLAN B JAMISON	671 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID W 93072		6. Annual Report must be signed.* Signature: brad jamison Name (type or print): brad jamison Date: 07/19/2016 Title: owner					
Processed 07/19/2016		* Electronically provided signatures are accepted as original signatures.					