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ANNUAL REPORT

Secretary of State
500 E. Capitol Ave
Pierre, SD 57501-5070
(605) 773-4845

Domestic Limited Liability Company
SDCL 47-34A-211; 59-11-24, 24.1

2019
FILING YEAR

Please Type or Print Clearly in Ink
Please submit one Original
Make payable to the SECRETARY OF STATE

Filing Fee: \$50

SOC (Agent) Fee: \$10

Total Fee: \$60

1. Business ID and Name:

DL148980
BUSINESS ID

Dakota Manual Therapy, LLC
BUSINESS NAME

2. The jurisdiction under whose law it is formed **South Dakota**

3. The address of the principal executive office (business address):

Actual Street Address

**27712 367TH AVENUE
PLATTE, SD 57369**

Mailing Address

**27712 367TH AVENUE
PLATTE, SD 57369**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, or (b) a commercial registered agent.

(a) The South Dakota Noncommercial Registered Agent's name

Name **Mark Petersen**

Actual Street Address in this State

**27712 367TH AVENUE
PLATTE, SD 57369**

Mailing Address in this State

**27712 367TH AVENUE
PLATTE, SD 57369**

5. If the LLC is manager-managed, list the names and addresses of its Managers. SDCL 59-11-24. If the LLC is member-managed, this section may be left blank.

6. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

04/26/2019

Dated

Email (Optional)

Mark Petersen

Signature of an Authorized Person

Mark Petersen

Printed Name