

No. <b>W 47798</b>		<b>Due no later than Feb 28, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  STAR CHIROPRACTIC, PLLC STEPHEN CRANE 9762 W STATE ST STAR ID 83669 USA		STEPHEN CRANE 9762 W STATE ST STAR 83669			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name STEPHEN CRANE	Street or PO Address 9762 W STATE ST		City STAR	State ID	Country	Postal Code 83669
5. Organized Under the Laws of:  <b>ID</b> <b>W 47798</b>		6. Annual Report must be signed.*  Signature: Stephen Crane Name (type or print): Stephen Crane  Date: 12/22/2014 Title: Member					
Processed 12/22/2014      * Electronically provided signatures are accepted as original signatures.							