

No. W 94358		Due no later than Jun 30, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BLUE CHIP CHIROPRACTIC LLC C/O NORTHWEST REGISTERED AGENT 906 W 2ND AVE STE 100 SPOKANE WA 99201 USA		NORTHWEST REGISTERED AGENT LLC 105 S 6TH STE A COEUR D ALENE ID 83814 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name RICH J MAY	Street or PO Address 424 E SHERMAN AVE STE 305		City COEUR D ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 94358		6. Annual Report must be signed.* Signature: Richard J May Name (type or print): Richard J May Date: 08/05/2012 Title: Owner					
Processed 08/05/2012 * Electronically provided signatures are accepted as original signatures.							