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| No. W 94358 | | Due no later than Jun 30, 2012 | | 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. 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 | |
| | | | | 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 |
| MANAGER | RICH J MAY | 424 E SHERMAN AVE STE 305 | COEUR D ALENE | ID | USA 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. | | | |