No. W 11364	D	ue no later than Mar 31, 2013	2. Registered	Agent and Ad	ldress (NO I	PO BOX)		
Return to:		Annual Report Form		SCOTT FLETCHER				
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.		5246 NORTH EAGLE ROAD BOISE ID 83713				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SCOTT FLET	FLETCHER CHIROPRACTIC PLLC SCOTT FLETCHR 5246 NORTH EAGLE ROAD BOISE ID 83713		BOISE ID 63713				
	BOISE ID 8			3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA							
4. Limited Liability Companies: Ent	er Names and Address	ses of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MEMBER SCOTT FLETCHER		13483 WEST WALDEMAR ST	BOISE	ID	USA	83713		
5. Organized Under the Laws of: 6. Annual Report must be signed.*		rt must be signed.*						
ID	Signature: S	Signature: Scott Fletcher, D.C.			Date: 01/17/2013			
W 11364	Name (type	Name (type or print): Scott Fletcher, D.C.			Title: President			
Processed 01/17/2013	* Electronically	* Electronically provided signatures are accepted as original signatures.						