

No. W 69618		Due no later than Dec 31, 2008		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. EVENSON CHIROPRACTIC, LLC ANDREW T EVENSON 2205 IRONWOOD PL STE B COEUR D ALENE ID 83814 USA		ANDREW EVANSON 2205 IRONWOOD PL STE B COEUR D ALENE ID 83814			
				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	
MEMBER	ANDREW EVENSON	6529 W SILVERADO ST	RATHDRUM	ID	USA	83858	
MEMBER	LAURA EVENSON	6529 W SILVERADO ST	RATHDRUM	ID	USA	83858	
5. Organized Under the Laws of: ID W 69618		6. Annual Report must be signed.* Signature: Andrew T. Evenson Name (type or print): Andrew T. Evenson Date: 02/03/2009 Title: Owner/Doctor					
Processed 02/03/2009		* Electronically provided signatures are accepted as original signatures.					