No. <b>W 100512</b>		Due no later than Feb 28, 2013		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JACOB E REISENAUER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  JAUREGUITO SPORTS AND FAMILY CHIROPRACTIC, PLLC JOEL T. JAUREGUITO 213 NORTH MAIN #1 MOSCOW ID		MOSCOW II	326 E 6TH ST MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		LATAH						
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JOEL T. JAI	JREGUITO	213 NORTH MAIN #1	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Joe		Date: 01/07/2013				
W 100512		Name (type o		Title: CEO/President				
Processed 01/07/2013 * Electronically provided signatures are accepted as original signatures.								