

No. W 94358		Due no later than Jun 30, 2011		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 424 E SHERMAN AVE STE 305 COEUR D ALENE ID 83814		NORTHWEST REGISTERED AGENT LLC 424 E SHERMAN AVE STE 305 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: Rich May Name (type or print): Rich May Date: 06/06/2011 Title: Manager			
Processed 06/06/2011		* Electronically provided signatures are accepted as original signatures.			