

No. <b>W 29361</b>		<b>Due no later than Mar 31, 2008</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  JEPPE CHIROPRACTIC PLLC BENJAMIN E JEPPE 4491 N DRESDEN PL #3 GARDEN CITY ID 83714		BENJAMIN E JEPPE DC 6864 W LAMPLIGHTER ST BOISE ID 83714			
				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	BENJAMIN E JEPPE DC	6864 W LAMPLIGHTER ST	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 29361</b>		Signature: Benjamin E Jeppe				Date: 04/07/2008	
		Name (type or print): Benjamin E Jeppe				Title: Manager	
Processed 04/07/2008		* Electronically provided signatures are accepted as original signatures.					