No. **W 70572**	**Due no later than Jan 31, 2011** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** OROFINO CHIROPRACTIC, PLLC JEFFREY D HARTSHORN PO BOX 1328 OROFINO ID 83544	JEFFREY D HARTSHORN 437 COLLEGE AVE OROFINO ID 83544 3. New 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	JEFFREY D HARTSHORN	PO BOX 1328	OROFINO	ID	USA	83544

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 70572**	Signature: Wendy Hartshorn	Date: 12/01/2010
	Name (type or print): Wendy Hartshorn	Title: Office Manager

Processed 12/01/2010

* Electronically provided signatures are accepted as original signatures.