

No. <b>W 109802</b>		<b>Due no later than Jan 31, 2013</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>  ELITE CARE CHIROPRACTIC LLC JOSH D GNEITING 210 W BURNSIDE AVE STE E CHUBBUCK ID 83202		JOSH D GNEITING 835 W BRYAN RD APT 1 POCATELLO ID 83201	
				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	JOSH D GNEITING	835 W BRYAN RD APT 1	POCATELLO	ID	USA 83201
5. Organized Under the Laws of:  <b>ID W 109802</b>		6. Annual Report must be signed.* Signature: Josh Gneiting Name (type or print): Josh Gneiting Date: 11/08/2012 Title: Owner-Registered Agent			
Processed 11/08/2012		* Electronically provided signatures are accepted as original signatures.			