

No. W 24369		Due no later than May 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		1. Mailing Address: Correct in this box if needed. AUSTIN FAMILY CHIROPRACTIC PLLC ADAM AUSTIN 3058 SOUTH SILVERTIP LANE MERIDIAN ID 83642		ADAM AUSTIN DC 2320 E GALA ST STE 300 MERIDIAN ID 83642			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	ADAM AUSTIN DC	3058 SOUTH SILVERTIP LANE	MERIDIAN	ID	USA	83642	
MEMBER	JESSICA AUSTIN DC	3058 SOUTH SILVERTIP LANE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of: ID W 24369		6. Annual Report must be signed.* Signature: Adam Austin Name (type or print): Adam Austin					
		Date: 05/11/2011 Title: Member					
Processed 05/11/2011 * Electronically provided signatures are accepted as original signatures.							