No. **W 93072**	**Due no later than May 31, 2012** **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.** BRAD JAMISON CHIROPRACTIC, PLLC STEPHANIE EGBERT 671 S. WOODRUFF AVE IDAHO FALLS ID 83401 USA	STEPHANIE EGBERT 671 S WOODRUFF AVE IDAHO FALLS ID 83401 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
MEMBER	NOLAN B JAMISON	671 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 93072**	Signature: Stephanie Egbert	Date: 03/08/2012
	Name (type or print): Stephanie Egbert	Title: Office Manager

Processed 03/08/2012

* Electronically provided signatures are accepted as original signatures.