No. W 118322	Due no later than Oct 31, 2013	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form	The state of the s	MATTHEW J OGLE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		742 E. STATE STREET EAGLE ID 83646			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HIGHLAND CHIROPRACTIC PLLC MATTHEW J OGLE 742 E. STATE STREET	LAGLE ID 65040				
	EAGLE ID 83646	3. New Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER MATTHEW	J OGLE 742 E. STATE STREET	EAGLE	ID	USA	83646	
5. Organized Under the Laws of:	6. Annual Report must be signed.*	nnual Report must be signed.*				
ID	Signature: Matt Ogle, DC	Date: 08/13/2013				
W 118322	Name (type or print): Matt Ogle, DC		Title: Owner			
Processed 08/13/2013	* Electronically provided signatures are accepted as original signatures.					