No. <b>W 57652</b>		Due no later than Dec 31, 2011		2	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BRAD EGBERT CHIROPRACTIC LLC  BRAD R EGBERT  1134 BOND AVE  REXBURG ID 83440		d.	BRAD R EGBERT  1134 BOND AVE  REXBURG ID 83440  3. New Registered Agent Signature:*			
				3				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	npanies: Enter Na	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	BRAD R EGBERT		1134 BOND AVE		REXBURG	ID	USA	83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Brad R. Egbert			Date: 10/11/2011			
W 57652		Name (type or print): Brad R. Egbert			Title: Manager			
Processed 10/11/2011 * Electronically provided signatures are accepted as original signatures.								