No. <b>W 120699</b>		Due no later than Jan 31, 2014		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			UNITED STATES CORPORATION AGEN 3006 E GOLDSTONE DR STE 218 MERIDIAN ID 83642 USA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		BALANCED MOVEMENT CHIROPRACTIC, PLLC MICHAEL JAMES MCCONNELL 16730 N MARKETPLACE BLVD		20000000 200				
		NAMPA ID 83687		3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Comp	panies: Enter Na	mes and Addresses of a	it least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MICHAEL JA	MES MCCONNELL	16730 N. MARKETPLACE. BLVD.	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 120699		Signature: Michael J McConnell			Date: 03/05/2014			
		Name (type or print		Title: Owner				
Processed 03/05/2014 * Electronically provided signatures are accepted as original signatures.								