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| No. W 70572 | | Due no later than Jan 31, 2010 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. OROFINO CHIROPRACTIC, PLLC JEFFREY D HARTSHORN PO BOX 1328 OROFINO ID 83544 | | JEFFREY D HARTSHORN 437 COLLEGE AVE OROFINO ID 83544 | |
| | | | | 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 |
| MANAGER | JEFFREY D HARTSHORN | PO BOX 1328 | OROFINO | ID | USA 83544 |
| 5. Organized Under the Laws of: ID W 70572 | | 6. Annual Report must be signed.* Signature: Wendy Hartshorn Name (type or print): Wendy Hartshorn Date: 02/12/2010 Title: Office Mgr. | | | |
| Processed 02/12/2010 | | * Electronically provided signatures are accepted as original signatures. | | | |