

No. W 95418		Due no later than Aug 31, 2012		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. ROBERTS CHIROPRACTIC, PLLC ANDREW E ROBERTS 189 S 3926 W REXBURG ID 83440		ANDREW E ROBERTS 189 S 3926 W REXBURG ID 83440			
				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	ANDREW E ROBERTS	189 S. 3926 W.	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 95418		Signature: Andrew Roberts				Date: 07/18/2012	
		Name (type or print): Andrew Roberts				Title: Owner	
Processed 07/18/2012		* Electronically provided signatures are accepted as original signatures.					