No. W 38803		Due no later than Apr 30, 2014		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. KINETIC CHIROPRACTIC LLC JAMES TRAPP 1819 W STATE		JAMES B TRAPP 1819 W STATE BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83702 3. New Registered Agent Signature		gnature:*			
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of	at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER JAMES B TRAPP		RAPP	355 W MYRTLE STREET STE # 103	BOISE	ID	USA	83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 38803		Signature: James Trapp		Date: 05/12/2014			
		Name (type or print): James Trapp		Title: Owner			
Processed 05/12/2014 * Electronically provided signatures are accepted as original signatures.							