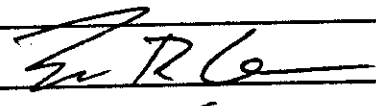


No. W 35964	Due no later than January 31, 2009 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box: if applicable CRUM CHIROPRACTIC, LLC ERIC CRUM 3997 N BLUE WING PL BOISE, ID 83714		ERIC CRUM 3997 N BLUE WING PL BOISE, ID 83714 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>managing member</td> <td>Eric Crum</td> <td>3997 N. Blue Wing Pl.</td> <td>Boise</td> <td>ID</td> <td>83714</td> </tr> <tr> <td>member</td> <td>Eric Crum</td> <td>3997 N. Blue Wing Pl.</td> <td>Boise</td> <td>ID</td> <td>83714</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	managing member	Eric Crum	3997 N. Blue Wing Pl.	Boise	ID	83714	member	Eric Crum	3997 N. Blue Wing Pl.	Boise	ID	83714
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5. Organized Under the Laws of: IDAHO W 35964	6. Signature  Date <u>11/13/08</u> Name (Typed or Printed) <u>Eric Crum</u> Title <u>Member</u>																				

Issued 11/05/2008

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