| No. <b>W 48775</b>   |         | Due no later than Mar 31, 2010   |                                      |   | 2. Registered Agent and Address (NO PO BOX)                           |       |         |             |
|--|---------|--|--------------------------------------|---|---|-------|---------|-------------|
| Return to:   |         | Annual Report Form   |                                      |   | ROBERT E GENTRY DC<br>1565 E LEIGH FIELD DR #150<br>MERIDIAN ID 83646 |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |         | 1. Mailing Address: Correct in this box if needed.                                   |                                      |   |   |       |         |             |
|  |         | MERIDIAN FAMILY CHIROPRACTIC, LLC<br>1565 E LEIGH FIELD DR #150<br>MERIDIAN ID 83646 |                                      |   | MERIDIAN ID 03040   |       |         |             |
|  |         |  |                                      | : | 3. <u>New</u> Registered Agent Signature:*                            |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |         |  |                                      |   |   |       |         |             |
| 4. Limited Liability Companies: Er   | ter Naı | mes and Addresses  | s of at least one Member or Manager. |   |   |       |         |             |
| Office Held Name   |         |  | Street or PO Address                 |   | City  | State | Country | Postal Code |
| MANAGER ROBE   | RT E (  | GENTRY DC  | 6980 N MERIDIAN RD                   |   | EAGLE   | ID    | USA     | 83616       |
| 5. Organized Under the Laws of:  |         | 6. Annual Report must be signed.*  |                                      |   |   |       |         |             |
| ID<br>W 48775  |         | Signature: Robert E. Gentry DC   |                                      |   | Date: 01/21/2010  |       |         |             |
|  |         | Name (type or print): Robert E. Gentry DC  |                                      |   | Title: Manager  |       |         |             |
| Processed 01/21/2010 * Electronically provided signatures are accepted as original signatures. |         |  |                                      |   |   |       |         |             |