No. **W 89823**	**Due no later than Jan 31, 2014** **Annual Report Form**	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.** AARON STERN CHIROPRACTIC PLLC AARON STERN PO BOX 6003 KETCHUM ID 83340 USA	AARON STERN 620 FOX ACRES RD HAILEY ID 83333 3. New 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	AARON STERN	P.O. BOX 6003	KETCHUM	ID	USA	83340

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 89823**	Signature: Aaron Stern	Date: 02/04/2014
	Name (type or print): Aaron Stern	Title: Doctor

Processed 02/04/2014

* Electronically provided signatures are accepted as original signatures.