

No. W 44778	Due no later than November 30, 2007 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		DR WILLIAM SCHNEIDER DC 1519 N 16TH ST BOISE, ID 83702
	NORTH END CHIROPRACTIC, PLLC DR WILLIAM SCHNEIDER DC 1519 N 16TH ST BOISE, ID 83702		
3. <u>New</u> Registered Agent Signature			

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	WILLIAM SCHNEIDER	1519 N. 16 th STREET	BOISE	IDAHO	83702

5. Organized Under the Laws of: IDAHO W 44778	6. Signature <u>William Schneider</u> Date <u>9-9-2007</u> Name (Typed or Printed) <u>WILLIAM SCHNEIDER</u> Title <u>MANAGER</u>
---	--