

No. W 70240

Due no later than January 31, 2009  
Annual Report Form2. Registered Agent and Office **NO PO BOX**Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

BRAMWELL CHIROPRACTIC CLINIC, LLC  
DAVID BRAMWELL  
402 SHOUP AVE  
IDAHO FALLS, ID 83402DAVID BRAMWELL  
402 SHOUP AVE  
IDAHO FALLS, ID 83402**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New 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	DAVID L. Bramwell	210 E 19th	Idaho Falls	ID	83404
Member	Teresa Bramwell	210 E 19th	Idaho Falls	ID	83404

5. Organized Under the Laws of:

IDAHO  
W 70240

6.

Signature



Date

3-11-09

Name (Typed or Printed)

DAVID L. BRAMWELL

Title

MANAGER