

No. <b>W 116547</b>		<b>Due no later than Aug 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  WRIGHT CHIROPRACTIC PLLC LOREN D WRIGHT 212 W IRONWOOD DR STE D #116 COEUR D ALENE ID 83814		LOREN D WRIGHT 1210 N. IDAHO RD BLDG 3 STE C POST FALLS ID 83854			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name LOREN D WRIGHT	Street or PO Address 212 W IRONWOOD DR. STE D #116		City COEUR D'ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of:  <b>ID</b> <b>W 116547</b>		6. Annual Report must be signed.*  Signature: Loren Wright Name (type or print): Loren Wright  Date: 06/16/2014 Title: Owner/Member					
Processed 06/16/2014 * Electronically provided signatures are accepted as original signatures.							