

No. W 69618	Due no later than Dec 31, 2011 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. EVENSON CHIROPRACTIC, LLC ANDREW T EVENSON 2205 IRONWOOD PL STE B COEUR D ALENE ID 83814 USA		ANDREW EVANSON 2205 IRONWOOD PL STE B COEUR D'ALENE ID 83814			
			3. <u>New</u> 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
MEMBER	ANDREW EVENSON	1336 W. TANAGER AVE	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID W 69618		6. Annual Report must be signed.* Signature: Andrew Evenson Name (type or print): Andrew Evenson Date: 01/28/2012 Title: Owner				
Processed 01/28/2012		* Electronically provided signatures are accepted as original signatures.				