No. **W 29730**	**Due no later than Apr 30, 2012** **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.** RODERICK CHIROPRACTIC PLLC JEFF R. RODERICK 1096 ERIKSON DRIVE REXBURG ID 83440 USA	JEFF RODERICK 2064 E 500 N ST ANTHONY ID 83445 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
MEMBER	JEFF RODERICK	2064 E 500 N	ST ANTHONY	ID	USA	83445

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 29730**	Signature: Jeff Roderick	Date: 02/10/2012
	Name (type or print): Jeff Roderick	Title: Owner

Processed 02/10/2012

* Electronically provided signatures are accepted as original signatures.