

No. W 94358		Due no later than Jun 30, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BLUE CHIP CHIROPRACTIC LLC RICHARD MAY C/O NORTHWEST REGISTERED AGENT 906 W 2ND AVE STE 100 SPOKANE WA 99201 USA		NORTHWEST REGISTERED AGENT LLC 1900 NORTHWEST BLVD STE 106A 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
MANAGER	RICH J MAY	424 E SHERMAN AVE STE 305	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 94358		6. Annual Report must be signed.* Signature: Richard J May Name (type or print): Richard J May Date: 05/21/2015 Title: Owner			
Processed 05/21/2015		* Electronically provided signatures are accepted as original signatures.			