| No. **W 60158** | **Due no later than Mar 31, 2008** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>DOCTOR JOE'S CHIROPRACTIC CENTER, LLC<br>JOSEPH NALBONE DC<br>1337 E 17TH ST<br>IDAHO FALLS ID 83404-6235<br>USA | JOSEPH NALBONE DC<br>1337 E 17TH ST<br>IDAHO FALLS ID 83404<br><br>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 | JOSEPH NALBONE DC | 1337 E 17TH ST | IDAHO FALLS | ID | USA | 83404-6235 |
| MANAGER | STEFANI NALBONE BS | 1337 E 17TH ST | IDAHO FALLS | ID | USA | 83404-6235 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 60158** | Signature: Dr. Joseph Nalbone, DC | Date: 01/15/2008 |
| | Name (type or print): Dr. Joseph Nalbone, DC | Title: Owner/Member |

Processed 01/15/2008

* Electronically provided signatures are accepted as original signatures.