

No. <b>W 76542</b>		Due no later than Aug 31, 2010 <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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> CHRISTENSEN CHIROPRACTIC, LLC LINDSEY C CHRISTENSEN 1100 N COLE RD BOISE ID 83704 USA		LINDSEY CHRISTENSEN DC 1100 N COLE RD BOISE ID 83704			
				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	JODI R CHRISTENSEN	1100 N COLE RD	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 76542</b>		Signature: Lindsey C. Christensen				Date: 06/09/2010	
		Name (type or print): Lindsey C. Christensen				Title: Chiropractor	
Processed 06/09/2010		* Electronically provided signatures are accepted as original signatures.					