

No. W 95965		Due no later than Aug 31, 2012		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. ART AND SCIENCE CHIROPRACTIC CENTER, LLC LYNNA M LIES DC PO BOX 223 PLUMMER ID 83851 USA		ALL DAY \$49 IDAHO REGISTERED A 105 S 6TH STE A COEUR D ALENE ID 83814 USA			
				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	LYNNA M LIES	1321 S ROTCHFORD	VERADALE	WA	USA	99037	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
WA W 95965		Signature: Lynna Lies				Date: 06/14/2012	
		Name (type or print): Lynna Lies				Title: Owner/Member	
Processed 06/14/2012		* Electronically provided signatures are accepted as original signatures.					