No. <b>W 103391</b>	Due no later than May 31, 2013	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	AMY LYNN SPOELSTRA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  CHIRO GROWTH SOLUTIONS, LLC  TIANA OWEN  370 E KATHLEEN AVE STE 600	370 E KATHLEEN AVE STE 600 COEUR D ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE	COEUR D ALENE ID 83814 USA	3. <u>New</u> Registered	Agent Si	gnature:*	
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 TIANA C O	COEUR D'ALENE	ID	USA	08315	
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Tiana Owen	Date: 03/19/2013			
W 103391	Name (type or print): Tiana Owen	Title: Office Manager			
Processed 03/19/2013	* Electronically provided signatures are accepted as original signatures.				