

No. W 59818

Due no later than February 28, 2009

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CORE CHIROPRACTIC, PLLC
ALLAN J JOUBERT DC
116 W NEIDER AVE
COEUR D ALENE, ID 83816ALLAN J JOUBERT DC
116 W NEIDER AVE
COEUR D ALENE, ID 83816**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Allan J. Joubert	2998 W. Ashland Lane	Thyden	ID	83835.

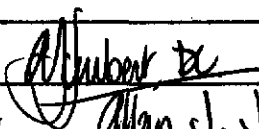
5. Organized Under the Laws of:

IDAHO
W 59818

6.

Signature

Name (Typed or Printed)



Allan J. Joubert, D.C.

Date

01.30.2009

Title

Manager

Issued 12/01/2008

Do Not Tape or Staple

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