No. **W 11364**	**Due no later than Mar 31, 2012** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** FLETCHER CHIROPRACTIC PLLC SCOTT FLETCHR 3210 E CHINDEN BLVD STE 106 EAGLE ID 83616	SCOTT FLETCHER 3210 E CHINDEN BLVD STE 106 EAGLE ID 83616 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	SCOTT FLETCHER	13483 W WALDEMAR ST	BOISE	ID	USA	83713

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 11364**	Signature: Scott Fletcher	Date: 02/01/2012
	Name (type or print): Scott Fletcher	Title: Member

Processed 02/01/2012

* Electronically provided signatures are accepted as original signatures.