

No. W 69618	Due no later than Dec 31, 2009 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. EVENSON CHIROPRACTIC, LLC ANDREW T EVENSON 2205 IRONWOOD PL STE B COEUR D ALENE ID 83814 USA		ANDREW EVANSON 2205 IRONWOOD PL STE B COEUR D'ALENE ID 83814			
			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	ANDREW EVENSON	6529 W SILVERADO ST	RATHDRUM	ID	USA	83858
MEMBER	LAURA EVENSON	6529 W SILVERADO ST	RATHDRUM	ID	USA	83858
5. Organized Under the Laws of: ID W 69618	6. Annual Report must be signed.* Signature: Andrew Evenson, DC Name (type or print): Andrew Evenson, DC		Date: 01/14/2010 Title: Owner			
Processed 01/14/2010		* Electronically provided signatures are accepted as original signatures.				