No. W 76955		Due no later than Aug 31, 2011		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. FRANKLIN CHIROPRACTIC, LLC JESSE FRANKLIN 2023 12TH AVE RD NAMPA ID 83686		2023 12T NAMPA	JESSE FRANKLIN 2023 12TH AVE RD NAMPA ID 83686 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses	of at least one Member or Manager					
Office Held	Name	mes and Addresses	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JESSE S FF	RANKLIN	2126 MOOSE CREEK DR	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID W 76955		6. Annual Report must be signed.* Signature: Jesse Franklin Date: 06/15/2011						
		Name (type or print): Jesse Franklin			Title: Doctor of Chiropractic			
Processed 06/15/2011 * Electronically provided signatures are accepted as original signatures.								