

No. <b>W 109807</b>		<b>Due no later than Jan 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> MICHAEL RAE CHIROPRACTIC, PLLC MICHAEL D RAE 1149 W. BOISE AVE. BOISE ID 83706		MICHAEL D RAE 3944 S. CANFIELD AVE. BOISE ID 83706			
				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	MICHAEL D RAE	3944 S. CANFIELD AVE.	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 109807</b>		Signature: Mike				Date: 11/12/2012	
		Name (type or print): Mike				Title: Rae	
Processed 11/12/2012		* Electronically provided signatures are accepted as original signatures.					