

No. <b>W 59818</b>		<b>Due no later than Feb 29, 2012</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  CORE CHIROPRACTIC, PLLC ALLAN J JOUBERT DC 116 W NEIDER AVE COEUR D'ALENE ID 83815-9300 USA		ALLAN J JOUBERT DC 116 W NEIDER AVE COEUR D'ALENE ID 83815-9300			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ALLAN J JOUBERT	Street or PO Address 2988 W ASHLAND LANE		City HAYDEN	State ID	Country USA	Postal Code 83835
5. Organized Under the Laws of:  <b>ID</b> <b>W 59818</b>		6. Annual Report must be signed.*  Signature: Allan J. Joubert Name (type or print): Allan J. Joubert  Date: 03/09/2012 Title: Manager					
Processed 03/09/2012 * Electronically provided signatures are accepted as original signatures.							