No. W 24369	Due no later than May 31, 2008 **Annual Report Form**	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable AUSTIN FAMILY CHIROPRACTIC PLLC 2320 E GALA ST STE 300 MERIDIAN, ID 83642	ADAM AUSTIN DC 2320 E GALA ST STE 300 MERIDIAN, ID 83642 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
MEMBER	ADAM AUSTIN DC	2320 E. GALA ST. # 300	MERIDIAN	ID	83642
MEMBER					

5. Organized Under the Laws of:	6.
IDAHO W 24369	Signature _____ Date 4-21-2008 Name (Typed or Printed) ADAM AUSTIN DC Title MEMBER

Issued 03/03/2008

Do Not Tape or Staple

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