

No. <b>W 114204</b>		<b>Due no later than May 31, 2013</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>  AMMON SUNNYSIDE CHIROPRACTIC PLLC BRIAN J ROBINSON 3840 E SUNNYSIDE RD AMMON ID 83406		BRIAN J ROBINSON 4227 FOREST GLEN DR AMMON ID 83406			
<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 BRIAN J ROBINSON	Street or PO Address 4227 FOREST GLEN DRIVE		City AMMON	State ID	Country USA	Postal Code 83406
5. Organized Under the Laws of:  <b>ID</b> <b>W 114204</b>		6. Annual Report must be signed.*  Signature: Brian J Robinson Name (type or print): Brian J Robinson  Date: 03/29/2013 Title: Manager					
Processed 03/29/2013 * Electronically provided signatures are accepted as original signatures.							