

No. W 114204		Due no later than May 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. AMMON SUNNYSIDE CHIROPRACTIC PLLC BRIAN J ROBINSON 3840 E SUNNYSIDE RD AMMON ID 83406		BRIAN J ROBINSON 4227 FOREST GLEN DR AMMON ID 83406			
				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	
MANAGER	BRIAN J ROBINSON	4227 FOREST GLEN DRIVE	AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID W 114204		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.					