

No. W 83728	Due no later than May 31, 2011 Annual Report Form		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.		NOAH EDVALSON 11988 W. HICKORY DR. BOISE ID 83713			
	BOISE INTEGRATED CHIROPRACTIC PLLC NOAH B EDVALSSON 1390 S. MAPLE GROVE RD. STE. 200 BOISE ID 83709 USA		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	NOAH B EDVALSON	11988 W. HICKORY DR.	BOISE	ID	USA	83713
5. Organized Under the Laws of: ID W 83728	6. Annual Report must be signed.* Signature: Noah Edvalson Name (type or print): Noah Edvalson		Date: 03/23/2011 Title: Manager			
Processed 03/23/2011		* Electronically provided signatures are accepted as original signatures.				