No. **W 27949**	**Due no later than Jan 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.** A+ CHIROPRACTIC, PLLC CARL ANDERSON 1505 S FIVE MILE RD BOISE ID 83709	CARL ANDERSON 1505 S FIVE MILE RD BOISE ID 83709 3. New 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
MEMBER	CARL ANDERSON	1505 S FIVE MILE RD	BOISE	ID	USA	83709

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 27949**	Signature: Carl Anderson	Date: 01/20/2011
	Name (type or print): Carl Anderson	Title: Owner

Processed 01/20/2011

* Electronically provided signatures are accepted as original signatures.