




No. W 72198	Due no later than Mar 31, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ERIC L OLSEN 201 E CENTER POCATELLO ID 83204														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FINN CHIROPRACTIC, PLLC GRANT D FINN PO BOX 4987 POCATELLO ID 83205		3. <u>New</u> Registered Agent Signature.														
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Manager/Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>member</td><td>Grant D. Finn</td><td>2090 Elmore</td><td>Pocatello</td><td>Id</td><td>USA</td><td>83201</td></tr></tbody></table>				Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code	member	Grant D. Finn	2090 Elmore	Pocatello	Id	USA
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code											
member	Grant D. Finn	2090 Elmore	Pocatello	Id	USA	83201											
5. Organized Under the Laws of: IDAHO W 72198	6. <table border="1"><tr><td>Signature: <i>X</i> </td><td>Date: <i>1-19-11</i></td></tr><tr><td>Name (type or print): <i>X</i> Grant D. Finn</td><td>Title: <i>President</i></td></tr></table>				Signature: <i>X</i> 	Date: <i>1-19-11</i>	Name (type or print): <i>X</i> Grant D. Finn	Title: <i>President</i>									
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