

No. <b>W 70240</b>		<b>Due no later than Jan 31, 2011</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> BRAMWELL CHIROPRACTIC CLINIC, LLC DAVID BRAMWELL 402 SHOUP AVE IDAHO FALLS ID 83402		DAVID BRAMWELL 402 SHOUP AVE IDAHO FALLS ID 83402			
				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	DAVID BRAMWELL	402 SHOUP AVE	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of:  <b>ID W 70240</b>		6. Annual Report must be signed.* Signature: David L. Bramwell Name (type or print): David L. Bramwell Date: 03/08/2011 Title: Manager					
Processed 03/08/2011		* Electronically provided signatures are accepted as original signatures.					