No. **W 11364**	**Due no later than Mar 31, 2007** **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.** FLETCHER CHIROPRACTIC PLLC SCOTT FLETCHR 3210 E CHINDEN BLVD STE 106 EAGLE ID 83616	SCOTT FLETCHER 3210 E CHINDEN BLVD STE 106 EAGLE ID 83616 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	SCOTT FLETCHER	5214 JOE LN	NAMPA	ID		83687

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **W 11364**	Signature: JOSEPH AUSTIN	Date: 01/10/2007
	Name (type or print): JOSEPH AUSTIN	Title: CPA

Processed 01/10/2007

* Electronically provided signatures are accepted as original signatures.