

No. <b>W 10220</b>	<b>Due no later than Nov 30, 2009</b> <b>Annual Report Form</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> IDAHO CHIROPRACTIC GROUP, P.L.L.C ALLISON VAN KOMEN, CLINIC ADMIN 403 S 11TH ST STE 110 BOISE ID 83702		COREY MATTHEWS 403 S 11TH ST STE 110 BOISE ID 83702			
			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	TIM KLENA	403 S 11TH ST STE 110	BOISE	ID	USA	83702
MANAGER	COREY MATTHEWS	403 S 11TH ST STE 110	BOISE	ID	USA	83702
5. Organized Under the Laws of:  <b>ID W 10220</b>	6. Annual Report must be signed.* Signature: Allison Van Komen Name (type or print): Allison Van Komen		Date: 09/08/2009 Title: Clinic Administrator			
Processed 09/08/2009		* Electronically provided signatures are accepted as original signatures.				