

No. W 70572		Due no later than Jan 31, 2013		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. OROFINO CHIROPRACTIC, PLLC JEFFREY D HARTSHORN PO BOX 1328 OROFINO ID 83544		JEFFREY D HARTSHORN 437 COLLEGE AVE OROFINO ID 83544			
				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	JEFFREY D HARTSHORN	PO BOX 1328	OROFINO	ID	USA	83544	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 70572		Signature: Jeffrey D. Hartshorn				Date: 12/28/2012	
		Name (type or print): Jeffrey D. Hartshorn				Title: Manager	
Processed 12/28/2012		* Electronically provided signatures are accepted as original signatures.					