

No. W 72198 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Mar 31, 2010 Annual Report Form 1. Mailing Address: <i>Correct in this box if needed.</i> FINN CHIROPRACTIC, PLLC GRANT D FINN 2090 ELMORE ST. PO Box 4987 POCATELLO ID 83201-83205		2. Registered Agent and Office (NOT A P.O. BOX) ERIC L OLSEN 201 E CENTER POCATELLO ID 83204 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>Office Held</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>President</td> <td>Grant Finn</td> <td>2090 Elmore St</td> <td>Pocatello</td> <td>Id</td> <td>USA</td> <td>83201</td> </tr> </tbody> </table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Grant Finn	2090 Elmore St	Pocatello	Id	USA	83201
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
President	Grant Finn	2090 Elmore St	Pocatello	Id	USA	83201													
5. Organized Under the Laws of: IDAHO W 72198		6. Signature: <i>X Grant D. Finn</i> Name (type or print): <i>X Grant D. Finn</i>		Date: <i>X 3/25/10</i> Title: <i>X 3-25-10</i>															
Issued 03/24/2010 by KAH																			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: Do not put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED