

No. <b>W 96813</b>		<b>Due no later than Oct 31, 2012</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>1. Mailing Address: Correct in this box if needed.</b>  GARDNER CHIROPRACTIC PLLC AARON GARDNER 518 S WASHINGTON AVE EMMETT ID 83617		AARON GARDNER 1900 E LOCUST ST EMMETT ID 83617			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name AARON GARDNER	Street or PO Address 1900 E LOCUST ST		City EMMETT	State ID	Country USA	Postal Code 83617
5. Organized Under the Laws of:  <b>ID</b> <b>W 96813</b>		6. Annual Report must be signed.*  Signature: Aaron Gardner Name (type or print): Aaron Gardner  Date: 08/23/2012 Title: Owner					
Processed 08/23/2012      * Electronically provided signatures are accepted as original signatures.							