

No. W 11364		Due no later than Mar 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FLETCHER CHIROPRACTIC PLLC SCOTT FLETCHER 5246 NORTH EAGLE ROAD BOISE ID 83713 USA		SCOTT FLETCHER 5246 NORTH EAGLE ROAD BOISE ID 83713			
				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	
MEMBER	SCOTT FLETCHER	13483 W WALDEMAR ST	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID W 11364		6. Annual Report must be signed.* Signature: Scott Fletcher Name (type or print): Scott Fletcher Date: 02/10/2014 Title: Member					
Processed 02/10/2014		* Electronically provided signatures are accepted as original signatures.					