again anggan anggan ang pengganang ay ang	and the second s	
No. W 54277	Due no later than September 30, 2007	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box. if applicable MEEKER CHIROPRACTIC LLC. 4416 S WILDBROOK AVE BOISE, ID 83709	RODNEY MEEKER 3999 OVERLAND RD MERIDIAN, ID 83642 3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE	Addresses of Managers	
4. Limited Liability Compan Office held Name Manager Rodney Medical	ies: Enter Names and Addresses of Managers. Street or P.O. Address Hilly S. Wildbrook Ave Box	(27) 1
		en e
5. Organized Under the Laws of: IDAHO W 54277	Signature Rodney Meeker	Date 9-7-07 Title Manager 200709006957
Issued 07/02/2007	Do Not Tape or Staple	200703000001