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|--|-------------------|--|-------|---|---------|------------------|--|
| No. W 28905 | | Due no later than Feb 28, 2009 | | 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. IDAHO SPINE AND SPORTS CHIROPRACTIC, LLC KENDRICK L TWEEDT 8752 OVERLAND #110 BOISE ID 83709 | | KENDRICK L TWEEDT 8752 W OVERLAND #110 BOISE ID 83709 | | | |
| | | | | 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 | KENDRICK L TWEEDT | 209 E MALLARD DR #324 | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 28905 | | Signature: Reid W Olsen | | | | Date: 02/20/2009 | |
| | | Name (type or print): Reid W Olsen | | | | Title: Cpa | |
| Processed 02/20/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |