| No. W 93330 | Di | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | | |
|---|--|---------------------------------------|---|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address: Correct in this box if needed. MARSTON FAMILY CHIROPRACTIC PLLC JOSHUA D MARSTON 3367 E AUBRIETTA CT BOISE ID 83716 | | 3367 E AUB BOISE ID | JOSHUA DAVID MARSTON 3367 E AUBRIETTE CT BOISE ID 83716 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| 722 37.7 | ames and Address | es of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER JOSHUA D | MARSTON | 3367 E. AUBRIETTA | BOISE | ID | USA | 83716 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID | Signature: Jo | oshua Marston | | Date: 03/25/2011 | | | |
| W 93330 | Name (type or print): Joshua Marston | | | Title: Owner | | | |
| Processed 03/25/2011 | * Electronically provided signatures are accepted as original signatures. | | | | | | |