

No. W 93330		Due no later than May 31, 2012		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. MARSTON FAMILY CHIROPRACTIC PLLC JOSHUA D MARSTON 5275 S. DESELM WAY BOISE ID 83716 USA		JOSHUA DAVID MARSTON 5275 S. DESELM WAY BOISE ID 83716			
				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	JOSHUA D MARSTON	5275 S. DESELM WAY	BOISE	ID	USA	83716	
5. Organized Under the Laws of: ID W 93330		6. Annual Report must be signed.* Signature: Joshua Marston Name (type or print): Joshua Marston Date: 04/03/2012 Title: Owner					
Processed 04/03/2012		* Electronically provided signatures are accepted as original signatures.					