| No. W 29730 | Due no later than Apr 30, 2014 | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|--|---------|-------------|--|
| Return to: | Annual Report Form | JEFF RODER | JEFF RODERICK 382 EAGLE COURT REXBURG ID 83440 | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | 100 C C C C C C C C C C C C C C C C C C | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | RODERICK CHIROPRACTIC PLLC JEFF R. RODERICK 1096 ERIKSON DRIVE | REXBURG II | | | | |
| | REXBURG ID 83440 | 3. <u>New</u> Registe | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | |
| 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 JEFF ROI | DERICK 382 EAGLE COURT | REXBURG | ID | USA | 83440 | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Jeff Roderick | | Date: 02/17/2014 | | | |
| W 29730 | Name (type or print): Jeff Roderick | | Title: Member | | | |
| Processed 02/17/2014 | * Electronically provided signatures are accepted as original signatures. | | | | | |