

No. W 73012		Due no later than Apr 30, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SPOELSTRA FAMILY CHIROPRACTIC, PLLC AMY SPOELSTRA 370 E KATHLEEN AVE STE 600 COEUR D ALENE ID 83815		AMY SPOELSTRA 370 E KATHLEEN AVE STE 600 COEUR D ALENE ID 83815			
NO FILING FEE IF RECEIVED BY DUE DATE				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	AMY SPOELSTRA	370 E KATHLEEN AVE STE 600	COEUR D ALENE	ID	USA	83815	
5. Organized Under the Laws of: ID W 73012		6. Annual Report must be signed.* Signature: Amy Spoelstra Name (type or print): Amy Spoelstra Date: 02/13/2012 Title: Owner					
Processed 02/13/2012 * Electronically provided signatures are accepted as original signatures.							