

No. <b>W 83728</b>	<b>Due no later than May 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> BOISE INTEGRATED CHIROPRACTIC PLLC NOAH B EDVALSSON 1390 S. MAPLE GROVE RD. STE. 200 BOISE ID 83709 USA		NOAH EDVALSON 11988 W. HICKORY DR. BOISE ID 83713			
			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
MANAGER	NOAH B EDVALSON	11988 W. HICKORY DR.	BOISE	ID	USA	83713
5. Organized Under the Laws of:  <b>ID W 83728</b>		6. Annual Report must be signed.* Signature: Noah Edvalson Name (type or print): Noah Edvalson Date: 03/09/2012 Title: Owner				
Processed 03/09/2012		* Electronically provided signatures are accepted as original signatures.				