

No. W 29730	Due no later than Apr 30, 2011 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. RODERICK CHIROPRACTIC PLLC JEFF R. RODERICK 1096 ERIKSON DRIVE REXBURG ID 83440 USA		JEFF RODERICK 2064 E 500 N ST ANTHONY ID 83445			
			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	JEFF RODERICK	2064 E 500 N	ST ANTHONY	ID	USA	83445
5. Organized Under the Laws of: ID W 29730		6. Annual Report must be signed.* Signature: Jeff R. Roderick Name (type or print): Jeff R. Roderick		Date: 05/10/2011 Title: Member		
Processed 05/10/2011		* Electronically provided signatures are accepted as original signatures.				