

No. <b>W 10220</b>		<b>Due no later than Nov 30, 2013</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>Annual Report Form</b>		COREY MATTHEWS 403 S 11TH ST STE 110 BOISE ID 83702			
		<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO CHIROPRACTIC GROUP, P.L.L.C TIM KLENA 403 S 11TH ST STE 110 BOISE ID 83702		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	TIM KLENA	403 S. 11TH ST. STE 110	BOISE	ID	USA	83702	
MANAGER	COREY MATTHEWS	403 S. 11TH ST STE 110	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 10220</b>		Signature: Julie Careaga			Date: 09/27/2013		
		Name (type or print): Julie Careaga			Title: Billing Manager		
Processed 09/27/2013		* Electronically provided signatures are accepted as original signatures.					