

No. W 70540	Due no later than January 31, 2009 Annual Report Form		2. Registered Agent and Office NO PO BOX											
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HENDERSON CHIROPRACTIC PLLC 18138 CALICO AVE NAMPA, ID 83687 12328 W. Palm Boise, ID 83713		SPENCER D HENDERSON DC 18138 CALICO AVE NAMPA, ID 83687 12328 W. Palm Boise, ID 83713 3. New Registered Agent Signature											
	4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Spencer Henderson</td> <td>12328 W. Palm</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Spencer Henderson	12328 W. Palm	Boise	ID
Office held	Name	Street or P.O. Address	City	State	Zip									
Manager	Spencer Henderson	12328 W. Palm	Boise	ID	83713									
5. Organized Under the Laws of: IDAHO W 70540	6. Signature <u><i>Spencer Henderson</i></u> Date <u>1/29/09</u> Name <small>(Printed)</small> <u>Spencer Henderson</u> Title <u>Manager</u>													

Issued 11/05/2008

Do Not Tape or Staple

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