

No. <b>W 27949</b>		<b>Due no later than Jan 31, 2010</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> A+ CHIROPRACTIC, PLLC CARL ANDERSON 1505 S FIVE MILE RD BOISE ID 83709		CARL ANDERSON 1505 S FIVE MILE RD BOISE ID 83709			
				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	CARL ANDERSON	1505 S FIVE MILE RD	BOISE	ID	USA	83709	
5. Organized Under the Laws of:  <b>ID W 27949</b>		6. Annual Report must be signed.* Signature: Carl Anderson Name (type or print): Carl Anderson Date: 01/20/2010 Title: Owner					
Processed 01/20/2010		* Electronically provided signatures are accepted as original signatures.					