| No. W 59818 | | Due no later than Feb 28, 2010 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|---|---------------------------------|---------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. CORE CHIROPRACTIC, PLLC ALLAN J JOUBERT DC 116 W NEIDER AVE | | 116 W NE | ALLAN J JOUBERT DC 116 W NEIDER AVE COEUR D'ALENE ID 83815-9300 | | | |
| | | | | | red Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | 0020112112112 | | | | | | |
| 4. Limited Liability Comp | anies: Enter Nai | mes and Addresses of a | at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER ALLAN J JOU | | UBERT | 2988 W ASHLAND LANE | HAYDEN | ID | USA | 83835 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Allan Joubert | | | Date: 03/08/2010 | | | |
| W 59818 | | Name (type or print): Allan Joubert | | | Title: Manager | | | |
| Processed 03/08/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |