

No. W 46312		Due no later than Jan 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. RAUSCH CHIROPRACTIC PLLC JEREMY H RAUSCH 1390 S MAPLE GROVE STE 200 BOISE ID 83709		JEREMY H RAUSCH 1390 S MAPLE GROVE 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	
MANAGER	JEREMY H RAUSCH	1390 S MAPLE GROVE	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 46312		Signature: Jeremy Rausch				Date: 11/08/2012	
		Name (type or print): Jeremy Rausch				Title: Owner/Manager	
Processed 11/08/2012		* Electronically provided signatures are accepted as original signatures.					