

No. W 70540	Due no later than Jan 31, 2014 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. HENDERSON CHIROPRACTIC PLLC SPENCER HENDERSON 826 BLUE LAKES BLVD N TWIN FALLS ID 83301 USA		SPENCER D HENDERSON DC 826 BLUE LAKES BLVD N TWIN FALLS ID 83301			
			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	SPENCER D HENDERSON DC	2104 JULIE LN	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 70540	6. Annual Report must be signed.* Signature: Spencer Henderson Name (type or print): Spencer Henderson		Date: 02/07/2014 Title: Owner			
Processed 02/07/2014		* Electronically provided signatures are accepted as original signatures.				