

No. <b>W 46050</b>		<b>Due no later than Jan 31, 2016</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>Annual Report Form</b>		JON LINDSEY DC 211 N WHITLEY DR STE 4 FRUITLAND ID 83619-2486	
		<b>1. Mailing Address: Correct in this box if needed.</b> TOTAL WELLNESS CHIROPRACTIC AND HOLISTIC CARE L.L.C. JON J LINDSEY 2163 ALPINE CREEK DR FRUITLAND ID 83619		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	JON LINDSEY DC	1466 E 5TH #104	MERIDIAN	ID	83642
5. Organized Under the Laws of:  <b>ID W 46050</b>		6. Annual Report must be signed.* Signature: Jon Lindsey Date: 11/13/2015 Name (type or print): Jon Lindsey Title: Member			
Processed 11/13/2015		* Electronically provided signatures are accepted as original signatures.			