

No. W 71540		Due no later than Feb 28, 2011		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		CHAD WILLIS 10451 GARVERDALE CT STE 201 BOISE ID 83704			
		1. Mailing Address: Correct in this box if needed. WILLIS FAMILY CHIROPRACTIC, L.L.C. CHAD WILLIS 10451 GARVERDALE CT STE 201 BOISE ID 83704		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	CHAD WILLIS	12224 W BOWMONT ST	BOISE	ID	USA	83713	
MEMBER	NICOLE WILLIS	12224 W BOWMONT ST	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 71540		Signature: Chad C. Willis			Date: 12/09/2010		
		Name (type or print): Chad C. Willis			Title: Member		
Processed 12/09/2010		* Electronically provided signatures are accepted as original signatures.					