No. W 90384	C	Due no later than Feb 28, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		BRENNAN WILLIAMS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LIFETIME WE BRENNAN W 528 N STATE	1. Mailing Address: Correct in this box if needed. LIFETIME WELLNESS CHIROPRACTIC PLLC BRENNAN WILLIAMS 528 N STATE ST SHELLEY ID 83274		14384 S 1ST EAST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	STILLET ID						
4. Limited Liability Companies: Ente	r Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	(WILLIAMS N WILLIAMS	14384 S 1ST EAST 14384 S 1ST EAST	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404	
5. Organized Under the Laws of:	6. Annual Repo	5. Annual Report must be signed.*					
ID ID	Signature: B	Signature: Brennan Williams Date: 01/04/2017					
W 90384	Name (type	or print): Brennan Williams	Title	Title: Owner/President			
Processed 01/04/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.					