No. W 90384		Due no later than Feb 28, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		BRENNAN WILLIAMS 14384 S 1ST EAST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LIFETIME BRENNAN 528 N STA	1. Mailing Address: Correct in this box if needed. LIFETIME WELLNESS CHIROPRACTIC PLLC BRENNAN WILLIAMS 528 N STATE ST SHELLEY ID 83274					
NO FILING FEE IF RECEIVED BY DUE DATE	<u> </u>						
4. Limited Liability Companies: E	nter Names and Addr	resses of at least one Member or Manager.					
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
	Y K WILLIAMS INAN 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 Re	6. Annual Report must be signed.*					
ID	Signature	Signature: Brennan Williams Date: 01/09/2018					
W 90384	Name (ty	Name (type or print): Brennan Williams Title: President/Owner					
Processed 01/09/2018	* Electronica	* Electronically provided signatures are accepted as original signatures.					