No. **W 71102**	**Due no later than Feb 28, 2018**	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** **1. Mailing Address: Correct in this box if needed.** BACK 2 HEALTH CHIROPRACTIC, LLC AMANDA ANDERSON 845 E FAIRVIEW AVE STE 115 MERIDIAN ID 83642	AMANDA ANDERSON 845 E FAIRVIEW AVE STE 115 MERIDIAN ID 83642 3. New 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	AMANDA ANDERSON	845 E FAIRVIEW AVE STE 115	MERIDIAN	ID		83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 71102**	Signature: Amanda Anderson, D.C.	Date: 12/21/2017
	Name (type or print): Amanda Anderson, D.C.	Title: Owner

Processed 12/21/2017

* Electronically provided signatures are accepted as original signatures.