No. **W 90384**	**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** **1. Mailing Address: Correct in this box if needed.** LIFETIME WELLNESS CHIROPRACTIC PLLC BRENNAN WILLIAMS 2225 TETON PLAZA, STE. B IDAHO FALLS ID 83404	BRENNAN WILLIAMS 6348 N. 5TH EAST IDAHO FALLS ID 83401 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	MARY K WILLIAMS	6348 N. 5TH EAST	IDAHO FALLS	ID	USA	83401
MANAGER	BRENNAN WILLIAMS	6348 N. 5TH EAST	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 90384**	Signature: Brennan Williams	Date: 02/28/2011
	Name (type or print): Brennan Williams	Title: President

Processed 02/28/2011

* Electronically provided signatures are accepted as original signatures.