

No. W 46050		Due no later than Jan 31, 2014		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		JON LINDSEY DC 211 N WHITLEY DR STE 4 FRUITLAND ID 83619-2486			
		1. Mailing Address: Correct in this box if needed. TOTAL WELLNESS CHIROPRACTIC AND HOLISTIC CARE L.L.C. JON J LINDSEY 211 N WHITLEY DR STE 4 FRUITLAND ID 83619		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	JON LINDSEY DC	2163 ALPINE CREEK DR	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 46050		Signature: Jon Lindsey			Date: 12/06/2013		
		Name (type or print): Jon Lindsey			Title: Member		
Processed 12/06/2013		* Electronically provided signatures are accepted as original signatures.					