No. W 73012	Due no later than Apr 30, 2017	2. Registered	2. Registered Agent and Address (NO PO BOX)		
Return to:	Annual Report Form		AMY SPOELSTRA		
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed		217 WEST SUNSET AVENUE COEUR D ALENE ID 83815 3. New Registered Agent Signature:*		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SPOELSTRA FAMILY CHIROPRACTIC, PLLC AMY SPOELSTRA 217 WEST SUNSET AVENUE	COEOR D'A			
	COEUR D ALENE ID 83815	3. <u>New</u> Regist			
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MEMBER AMY SPOELSTRA 217 WEST SUNSET AVENUE		HAYDEN	ID		83835
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Bonne H Giese		Date: 02/20/2017		
W 73012	Name (type or print): Bonne H Giese		Title: Bookkeeper		
Processed 02/20/2017	* Electronically provided signatures are accepted as original signatures.				