

ID - 505

5/21/2012 3:22:23 PM PAGE 2/004 Fax Server

No. W 90384	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012		2. Registered Agent and Office (MAY A P.O. BOX) BRENNAN WILLIAMS 6348 N. 5TH EAST IDAHO FALLS ID 83401																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LIFETIME WELLNESS CHIROPRACTIC PLLC BRENNAN WILLIAMS 2225 TETON PLAZA, STE. B IDAHO FALLS ID 83404																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td>MARY K. Williams</td> <td>6348 N. 5TH E</td> <td>IDAHO FALLS,</td> <td>ID.</td> <td></td> <td>83401</td> </tr> <tr> <td>Manager ☒ Member ☐</td> <td>BRENNAN Williams</td> <td>6348 N 5TH E.</td> <td>IDAHO FALLS,</td> <td>ID.</td> <td></td> <td>83401</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	MARY K. Williams	6348 N. 5TH E	IDAHO FALLS,	ID.		83401	Manager ☒ Member ☐	BRENNAN Williams	6348 N 5TH E.	IDAHO FALLS,	ID.		83401	Manager ☐ Member ☐							Manager ☐ Member ☐							3. New Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 90384	6. Signature:  Name (type or print): <u>BRENNAN WILLIAMS</u>			Date: <u>05-21-2012</u> Title: <u>President</u>																																		

Issued 05/21/2012 by CLH