

No. <b>W 71102</b>		<b>Due no later than Feb 28, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  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. <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	AMANDA ANDERSON	845 E FAIRVIEW AVE STE 115	MERIDIAN	ID	83642
5. Organized Under the Laws of:  <b>ID W 71102</b>		6. Annual Report must be signed.* Signature: Amanda Anderson,D.C. Name (type or print): Amanda Anderson,D.C. Date: 12/22/2016 Title: Owner			
Processed 12/22/2016		* Electronically provided signatures are accepted as original signatures.			