

No. <b>W 71102</b>		<b>Due no later than Feb 28, 2017</b> <b>Annual Report Form</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>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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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</b> <b>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.							