

No. W 120451		Due no later than Jan 31, 2017		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 1. Mailing Address: Correct in this box if needed. FIT 4 LIFE CHIROPRACTIC LLC DR. BADEN PATTERSON 3110 MOLEN ST AMMON ID 83406		BADEN PATTERSON 3110 MOLEN ST AMMON ID 83406			
				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	
MANAGER	BADEN PATTERSON	3110 MOLEN ST.	AMMOM	ID	USA	83406	
5. Organized Under the Laws of: ID W 120451		6. Annual Report must be signed.* Signature: Baden Patterson Name (type or print): Baden Patterson					
		Date: 12/17/2016 Title: Manager					
Processed 12/17/2016		* Electronically provided signatures are accepted as original signatures.					