

|  |  |   |   |       |         |             |
|--|--|---|---|-------|---------|-------------|
| No. <b>W 71102</b>   | <b>Due no later than Feb 28, 2015</b><br><b>Annual Report Form</b>   |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>BACK 2 HEALTH CHIROPRACTIC, LLC<br>AMANDA ANDERSON<br>845 E FAIRVIEW AVE STE 115<br>MERIDIAN ID 83642 |   | AMANDA ANDERSON<br>845 E FAIRVIEW AVE STE 115<br>MERIDIAN 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:<br><br><b>ID</b><br><b>W 71102</b>   | 6. Annual Report must be signed.*<br>Signature: Amanda Anderson<br>Name (type or print): Amanda Anderson   |   | Date: 12/19/2014<br>Title: Owner                                |       |         |             |
| Processed 12/19/2014   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |