

No. <b>W 71540</b>	<b>Due no later than Feb 29, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> WILLIS FAMILY CHIROPRACTIC, L.L.C. CHAD WILLIS 10451 GARVERDALE CT STE 201 BOISE ID 83704-5475		CHAD WILLIS 10451 GARVERDALE CT STE 201 BOISE ID 83704-5475			
			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	CHAD WILLIS	410 W BRODERICK DR	MERIDIAN	ID	USA	83646
MEMBER	NICOLE WILLIS	410 W BRODERICK DR	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of:  <b>ID W 71540</b>	6. Annual Report must be signed.* Signature: CHAD WILLIS Name (type or print): CHAD WILLIS		Date: 02/18/2016 Title: MEMBER			
Processed 02/18/2016		* Electronically provided signatures are accepted as original signatures.				