

No. <b>W 111051</b>		<b>Due no later than Feb 28, 2013</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>  EVANS FAMILY CHIROPRACTIC, LLC ERIK R EVANS 4727 NORTH 15TH EAST IDAHO FALLS ID 83401		TROY D EVANS 49 PROFESSIONAL PLAZA REXBURG ID 83440			
				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	ERIK R EVANS	4727 NORTH 15TH EAST	IDAHO FALLS	ID	USA	83401	
MEMBER	NATALIE K EVANS	4727 NORTH 15TH EAST	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:  <b>ID W 111051</b>		6. Annual Report must be signed.* Signature: Troy D. Evans Name (type or print): Troy D. Evans Date: 12/24/2012 Title: Registered Agent					
Processed 12/24/2012		* Electronically provided signatures are accepted as original signatures.					