

No. W 71102		Due no later than Feb 29, 2012		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		1. Mailing Address: Correct in this box if needed. 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			
				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	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 71102		Signature: Amanda Anderson				Date: 12/13/2011	
		Name (type or print): Amanda Anderson				Title: Owner	
Processed 12/13/2011		* Electronically provided signatures are accepted as original signatures.					