

No. <b>W 39004</b>		<b>Due no later than May 31, 2014</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> CHIROPRACTIC HEALING ARTS CENTER, LLC ANGELA K. GOODWIN 1135 9TH STREET IDAHO FALLS ID 83404		ANGELA K GOODWIN 1135 9TH STEET IDAHO FALLS ID 83404			
				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	ANGELA K GOODWIN	1135 9TH STREET	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>ID W 39004</b>		6. Annual Report must be signed.* Signature: Angela K Goodwin Name (type or print): Angela K Goodwin			Date: 03/22/2014 Title: Owner		
Processed 03/22/2014		* Electronically provided signatures are accepted as original signatures.					