| No. W 90384 | | Due no later than Feb 28, 2014 | | 2. Registered Ag | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. LIFETIME WELLNESS CHIROPRACTIC PLLC BRENNAN WILLIAMS 528 N STATE ST SHELLEY ID 83274 | | 6348 N. 5TH E | BRENNAN WILLIAMS 6348 N. 5TH EAST IDAHO FALLS ID 83401 | | | |
| | | | | 3. <u>New</u> Registere | 3. New Registered Agent Signature:* | | | |
| 4. Limited Liability Compani | es: Enter Nar | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| December 10 and | MARY K WILLIAMS BRENNAN WILLIAMS | | 6348 N. 5TH EAST 6348 N. 5TH EAST | IDAHO FALLS IDAHO FALLS | ID ID | USA USA | 83401 83401 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 90384 | | Signature: Brennan Williams Date: 03/24/2014 | | | | | | |
| | | Name (type o | Title: | Title: President/Manager | | | | |
| Processed 03/24/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |