

No. W 73012		Due no later than Apr 30, 2014		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. SPOELSTRA FAMILY CHIROPRACTIC, PLLC AMY SPOELSTRA 370 E KATHLEEN AVE STE 600 COEUR D ALENE ID 83815		AMY SPOELSTRA 370 E KATHLEEN AVE STE 600 COEUR D ALENE ID 83815	
				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	AMY SPOELSTRA	370 EAST KATHLEEN AVE SUITE 60	COEUR D'ALENE	ID	USA 83815
5. Organized Under the Laws of: ID W 73012		6. Annual Report must be signed.* Signature: Amy Spoelstra Name (type or print): Amy Spoelstra Date: 05/19/2014 Title: Member			
Processed 05/19/2014		* Electronically provided signatures are accepted as original signatures.			