

No. W 73012		Due no later than Apr 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name AMY SPOELSTRA	Street or PO Address 370 EAST KATHLEEN AVE SUITE 60		City COEUR D'ALENE	State ID	Country USA	Postal Code 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.							