

No. <b>W 71540</b>		<b>Due no later than Feb 28, 2013</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>		CHAD WILLIS 10451 GARVERDALE CT STE 201 BOISE ID 83704			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		WILLIS FAMILY CHIROPRACTIC, L.L.C. CHAD WILLIS 10451 GARVERDALE CT STE 201 BOISE ID 83704					
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	CHAD WILLIS	598 E WASHAKIE ST	MERIDIAN	ID	USA	83646	
MEMBER	NICOLE WILLIS	598 E WASHAKIE ST	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 71540</b>		Signature: Chad Willis			Date: 03/08/2013		
		Name (type or print): Chad Willis			Title: Co Owner		
Processed 03/08/2013		* Electronically provided signatures are accepted as original signatures.					