

No. <b>W 71102</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>1. Mailing Address: Correct in this box if needed.</b>  BACK 2 HEALTH CHIROPRACTIC, LLC AMANDA ANDERSON 845 E FAIRVIEW AVE STE 115 MERIDIAN ID 83642		AMANDA ANDERSON 845 E FAIRVIEW AVE STE 115 MERIDIAN ID 83642			
				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	AMANDA ANDERSON	845 E FAIRVIEW AVE STE 115	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:  <b>ID W 71102</b>		6. Annual Report must be signed.* Signature: Amanda Anderson Name (type or print): Amanda Anderson Date: 12/31/2012 Title: Owner					
Processed 12/31/2012		* Electronically provided signatures are accepted as original signatures.					