

No. W 71540	Due no later than Feb 28, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WILLIS FAMILY CHIROPRACTIC, L.L.C. CHAD WILLIS 10451 GARVERDALE CT STE 201 BOISE ID 83704-5475 USA		CHAD WILLIS 10451 GARVERDALE CT STE 201 BOISE 83704-5475			
			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	CHAD WILLIS	410 W BRODERICK DR	MERIDIAN	ID	USA	83646
MEMBER	NICOLE WILLIS	410 W BRODERICK DR	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID W 71540	6. Annual Report must be signed.* Signature: CHAD WILLIS Name (type or print): CHAD WILLIS		Date: 12/15/2014 Title: CO-OWNER			
Processed 12/15/2014		* Electronically provided signatures are accepted as original signatures.				