

No. W 80637		Due no later than Jan 31, 2015		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		TAMARA BARNHART 6101 E HWY 54 STE A2 UNIT A ATHOL 83801			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		NATURAL HEALTH CHIROPRACTIC LLC TAMARA M BARNHART 6101 E HWY 54 STE A2 UNIT A ATHOL ID 83801-6085 USA					
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	TAMARA M BARNHART	6101 E HWY 54 UNIT A	ATHOL	ID	USA	83801	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 80637		Signature: Tamara Barnhart				Date: 11/24/2014	
		Name (type or print): Tamara Barnhart				Title: owner	
Processed 11/24/2014		* Electronically provided signatures are accepted as original signatures.					