

No. W 111051	Due no later than Feb 28, 2017 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. EVANS FAMILY CHIROPRACTIC, LLC ERIK R EVANS 2621 OVERLAND AVE BURLEY ID 83318		ERIK EVANS 2621 OVERLAND AVE BURLEY ID 83318			
			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	ERIK R EVANS	1301 SYLVAN CIRCLE	BURLEY	ID	USA	83318
MEMBER	NATALIE K EVANS	1301 SYLVAN CIRCLE	BURLEY	ID	USA	83318
5. Organized Under the Laws of: ID W 111051	6. Annual Report must be signed.* Signature: Erik Evans Name (type or print): Erik Evans		Date: 03/09/2017 Title: Chiropractor/Owner			
Processed 03/09/2017		* Electronically provided signatures are accepted as original signatures.				