A STATE

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Department of Lice	ensing and Regulator	y Affairs	1.4 CE
	For use by DOMESTIC F	RT AND ANNUAL STA PROFESSIONAL LIMITED LIABILIT on 207 and 909, Act 23, Public Act o	YCOMPANY
The identification number assigned by the Bureau is: 801898911			
Annual Report & Annual Statement Filing Year: 2022			
1. Professional Limited Liab SIMPLE TRUTH CHIROPP			
<ol> <li>2. The street address of th</li> <li>1. Resident Agent Name:</li> <li>2. Street Address:         <ul> <li>Apt/Suite/Other:</li> <li>City:</li> </ul> </li> </ol>	e Professional limited liability c ALEXANDER LEBON 2757 LEONARD ST NE SUITE 200 GRAND RAPIDS	company's registered office and nam	e of the resident agent at that office:
State:	MI	Zip Code: 49525	
<ol> <li>Mailing address of the reproduction P.O. Box or Street Address: Apt/Suite/Other: City: State:</li> </ol>	egistered office: 2757 LEONARD ST NE #200 SUITE 200 GRAND RAPIDS MI	Zip Code: 49525	
4. The name(s) and address(es) of all members(s) and manager(s) are as follows:			
Name Residence or Business Address			
ALEXANDER LEBON		2757 LEONARD ST NE, STE 200, (	GRAND RAPIDS, MI 49525 USA
I certify that each member and manager is a licensed person in one or more of the professional services rendered by the company and that any member or manager not licensed or otherwise legally authorized to render professional service in this state does not render professional services in this state.			
This annual statement must be signed by a member, manager, or an authorized agent.			
Signed this 11th Day of November, 2021 by:			
Signature		Title	Title if "Other" was selected
Alexander LeBon		Member	
By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.			

## MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

## FILING ENDORSEMENT

This is to Certify that the 2022 ANNUAL REPORT

for

SIMPLE TRUTH CHIROPRACTIC, PLLC

*ID Number:* 801898911

received by electronic transmission on November 11, 2021 , is hereby endorsed.

*Filed on* November 11, 2021, *by the Administrator*.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 11th day of November, 2021.

Jinda "

Linda Clegg, Director Corporations, Securities & Commercial Licensing Bureau