

|  |                    |  |             |   |         |             |  |
|--|--------------------|--|-------------|---|---------|-------------|--|
| No. <b>W 55685</b>   |                    | <b>Due no later than Oct 31, 2011</b>  |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>HARRIS HEALTH INSTITUTE, LLC<br>KELLY HARRIS DC<br>211 S WOODRUFF AVE<br>IDAHO FALLS ID 83401 |             | KELLY HARRIS DC<br>211 S WOODRUFF AVE<br>IDAHO FALLS ID 83401 |         |             |  |
|  |                    |  |             | 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   | KELLY HARRIS DC    | 211 S WOODRUFF AVE   | IDAHO FALLS | ID  | USA     | 83401       |  |
| MEMBER   | MICHAEL HARRIS PHD | 211 S WOODRUFF AVE   | IDAHO FALLS | ID  | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 55685</b>   |                    | 6. Annual Report must be signed.*<br>Signature: Kelly D. Harris<br>Name (type or print): Kelly D. Harris<br>Date: 10/25/2011<br>Title: Member                  |             |   |         |             |  |
| Processed 10/25/2011   |                    | * Electronically provided signatures are accepted as original signatures.  |             |   |         |             |  |