

|   |                    |  |  |   |       |         |             |
|---|--------------------|--|--|---|-------|---------|-------------|
| No. <b>W 55685</b>  |                    | <b>Due no later than Oct 31, 2011</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )          |       |         |             |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                    | <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 |       |         |             |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                    |  |  | 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</b><br><b>W 55685</b>                                  |                    | 6. Annual Report must be signed.*<br><br>Signature: Kelly D. Harris<br>Name (type or print): Kelly D. Harris   |  |   |       |         |             |
|   |                    | Date: 10/25/2011<br>Title: Member  |  |   |       |         |             |
| Processed 10/25/2011      * Electronically provided signatures are accepted as original signatures. |                    |  |  |   |       |         |             |