

No. W 71732		Due no later than Feb 28, 2014		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 1. Mailing Address: Correct in this box if needed. SNAKE RIVER FAMILY CHIROPRACTIC HEALTH AND WELLNESS CENTER, LLC WADE K PRICE 275 N WOODRUFF AVE IDAHO FALLS ID 83401		WADE KELLY PRICE 275 NORTH WOODRUFF AVE 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
MANAGER	WADE KELLY PRICE	275 N WOODRUFF AVE.	IDAHO FALLS	ID	USA 83401
5. Organized Under the Laws of: ID W 71732		6. Annual Report must be signed.* Signature: Wade Price Name (type or print): Wade Price Date: 03/13/2014 Title: Manager			
Processed 03/13/2014		* Electronically provided signatures are accepted as original signatures.			