

No. W 88494	Due no later than Nov 30, 2011 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. ABUNDANT HEALTH CHIROPRACTIC LLC DR HELEN M SILKMAN 100 COURTHOUSE DR SUITE D SALMON ID 83467		DR HELEN M SILKMAN 18 SAVAGE RANCH RD SALMON ID 83467			
			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	HELEN M SILKMAN	18 SAVAGE RANCH RD	SALMON	ID	USA	83467
5. Organized Under the Laws of: ID W 88494	6. Annual Report must be signed.* Signature: Helen Silkman Name (type or print): Helen Silkman		Date: 11/14/2011 Title: Owner			
Processed 11/14/2011		* Electronically provided signatures are accepted as original signatures.				