No. **W 88494**	**Due no later than Nov 30, 2012**	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.** 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. New 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:	6. Annual Report must be signed.*	
ID **W 88494**	Signature: Helen Silkman	Date: 09/17/2012
	Name (type or print): Helen Silkman	Title: Manager

Processed 09/17/2012

* Electronically provided signatures are accepted as original signatures.