

No. W 55685		Due no later than Oct 31, 2016		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		KELLY HARRIS DC 211 S WOODRUFF AVE IDAHO FALLS ID 83401	
		1. Mailing Address: Correct in this box if needed. HARRIS HEALTH INSTITUTE, LLC KELLY HARRIS DC 211 S 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
MEMBER	KELLY HARRIS DC	211 S WOODRUFF AVE	IDAHO FALLS	ID	83401
MEMBER	MICHAEL HARRIS PHD	211 S WOODRUFF AVE	IDAHO FALLS	ID	83401
5. Organized Under the Laws of: ID W 55685		6. Annual Report must be signed.* Signature: KELLY D HARRIS Name (type or print): KELLY D HARRIS Date: 10/13/2016 Title: MEMBER			
Processed 10/13/2016		* Electronically provided signatures are accepted as original signatures.			