

No. W 53283		Due no later than Aug 31, 2011		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. WELL SPRING CHIROPRACTIC P.L.L.C. AMANDA MCNABB 275 S 5TH AVE, SUITE 130 POCATELLO ID 83201 USA		AMANDA MCNABB 12973 N PHILBIN RD POCATELLO ID 83202			
				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	AMANDA MCNABB	12973 N PHILBIN RD	POCATELLO	ID	USA	83202	
5. Organized Under the Laws of: ID W 53283		6. Annual Report must be signed.* Signature: Amanda McNabb Name (type or print): Amanda McNabb Date: 06/14/2011 Title: Member					
Processed 06/14/2011		* Electronically provided signatures are accepted as original signatures.					