

No. W 53283

Due no later than August 31, 2007
Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

WELL SPRING CHIROPRACTIC P.L.L.C.
AMANDA MCNABB
1009 W QUINN RD 1355 E. Center St.
POCATELLO, ID 83202
83201

2. Registered Agent and Office NO PO BOX

AMANDA MCNABB
1009 W QUINN RD
POCATELLO, ID 83202

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Amanda McNabb	1009 W Quinn	Pocatello	ID	83202

5. Organized Under the Laws of:

IDAHO
W 53283

6.
Signature

Name (Typed or
Printed)

Amanda McNabb

Date 6/11/07

Title Owner