

No. W 53283

Due no later than August 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

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

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

AMANDA MCNABB  
1009 W QUINN RD  
POCATELLO, ID 83202

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

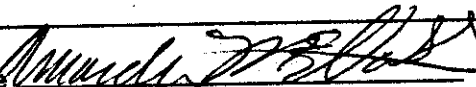
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Amanda McNabb	1009 W Quinn	Pocatello	ID	83202

5. Organized Under the Laws of:

IDAHO  
W 53283

6.

Signature



Date

6/11/07

Name (Typed or Printed)

Amanda McNabb

Title

Owner