

No. W 71732		Due no later than Feb 28, 2017		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. SNAKE RIVER FAMILY CHIROPRACTIC HEALTH AND WELLNESS CENTER, LLC WADE K PRICE 275 N WOODRUFF AVE IDAHO FALLS ID 83401		WADE KELLY PRICE 275 NORTH WOODRUFF AVE IDAHO FALLS ID 83401-8340			
				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	
MANAGER	WADE KELLY PRICE	275 N WOODRUFF AVE	IDAHO FALLS	ID	USA	83401	
MEMBER	MARIA ISABEL PRICE	275 N WOODRUFF AVE	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 71732		Signature: Wade Price				Date: 01/03/2017	
		Name (type or print): Wade Price				Title: Manager	
Processed 01/03/2017		* Electronically provided signatures are accepted as original signatures.					