

No. W 71732	Due no later than Feb 28, 2011 Annual Report Form		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			
			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 NORTH WOODRUFF AVE	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 71732		6. Annual Report must be signed.* Signature: Wade Price Name (type or print): Wade Price Date: 03/03/2011 Title: Manager				
Processed 03/03/2011		* Electronically provided signatures are accepted as original signatures.				