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| No. W 55685 | Due no later than Oct 31, 2013 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. HARRIS HEALTH INSTITUTE, LLC KELLY HARRIS DC 211 S WOODRUFF AVE IDAHO FALLS ID 83401 | | KELLY HARRIS DC 211 S 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 |
| MEMBER | KELLY HARRIS DC | 211 S WOODRUFF AVE | IDAHO FALLS | ID | USA | 83401 |
| MEMBER | MICHAEL HARRIS PHD | 211 S WOODRUFF AVE | IDAHO FALLS | ID | USA | 83401 |
| 5. Organized Under the Laws of: ID W 55685 | 6. Annual Report must be signed.* Signature: Kelly D. Harris Name (type or print): Kelly D. Harris | | Date: 11/27/2013 Title: Member | | | |
| Processed 11/27/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |