

No. W 85924		Due no later than Aug 31, 2011		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. KEYSTONE OF HEALTH CHIROPRACTIC, LLC WILLIAM E PERRY 7660 N HORSESHOE BEND RD STE D BOISE ID 83714 USA		WILLIAM E PERRY 7660 N HORSESHOE BEND RD. BOISE ID 83714			
				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	WILLIAM E PERRY	10998 W. BOX CANYON ST	STAR	ID	USA	83669	
MEMBER	STEPHANIE M PERRY	10998 W. BOX CANYON ST.	STAR	ID	USA	83669	
5. Organized Under the Laws of: ID W 85924		6. Annual Report must be signed.* Signature: william e. perry D.C. Name (type or print): william e. perry D.C. <div style="text-align: right;"> Date: 06/21/2011 Title: Partner </div>					
Processed 06/21/2011		* Electronically provided signatures are accepted as original signatures.					