No. **W 57153**	**Due no later than Dec 31, 2012**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** BEAR RIVER CHIROPRACTIC, LLC JARED M SHELTON, DC 45 W CENTER ST SODA SPRINGS ID 83274-1530	JARED M SHELTON 45 W CENTER ST SODA SPRINGS ID 83274-1530 3. New 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	JARED M SHELTON	45 W CENTER ST	SODA SPRINGS	ID	USA	83276

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 57153**	Signature: Jared M Shelton, DC Name (type or print): Jared M Shelton, DC	Date: 01/10/2013 Title: Manager

Processed 01/10/2013

* Electronically provided signatures are accepted as original signatures.