

FILED EFFECTIVE

2008 SEP 3 PM 3:41

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH**

(See reverse for instructions)

SECRETARY OF STATE  
STATE OF IDAHO

File #

C57153

The undersigned entity submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Idaho

1. The name of the entity is:  
Bear River Chiropractic, LLC
2. The street address of its present registered office is:  
45 W Center St. Soda Springs, ID 83276
3. The new street address in Idaho (not a P O box or PMB) to which its registered office is to be changed is:  
45 W Center St. Soda Springs, ID 83276
4. The name of its old registered agent is: Shenandoah Troumbley
5. The name of its new registered agent is: Jared M Shelton

Dated: 09/03/2008Signed: Jared M SheltonPrinted: Jared M SheltonCapacity: Chiropractic Physician/Manager

I consent to serve as registered agent for the above-named entity.

Jared M Shelton  
(Signature of new registered agent)

FILE ONE COPY

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NO FEE REQUIRED

Rev 09/2008