No. **W 53283**	**Due no later than Aug 31, 2009** **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.** WELL SPRING CHIROPRACTIC P.L.L.C. AMANDA MCNABB 1355 E CENTER ST POCATELLO ID 83201	AMANDA MCNABB 1009 W QUINN RD POCATELLO ID 83202 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
MEMBER	AMANDA MCNABB	1009 W QUINN RD	POCATELLO	ID	USA	83202

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 53283**	Signature: Amanda McNabb	Date: 08/28/2009
	Name (type or print): Amanda McNabb	Title: Member

Processed 08/28/2009

* Electronically provided signatures are accepted as original signatures.