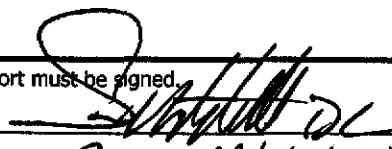


No. W 35518		Due no later than 12/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SUMMIT CHIROPRACTIC PLLC 10316 W USTICK STE 100 BOISE ID 83704		DR SAM MITCHELL 10316 W USTICK STE 100 BOISE ID 83704	
				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	Zip
member	Sam Mitchell D.C.	10360 SARANAC	Boise	ID	83709
member	Denise Mitchell	10360 SARANAC	Boise	ID	83709
5. Organized Under the Laws of:		6. Annual Report must be signed.			
ID W 35518		Signature: 		Date: 10-20-19	
		Name(type or print): Sam Mitchell D.C.		Title: member	

Issued 10/15/2009 by SLD

200912008290

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**BLOCK 1:** Entire name may not be altered through the use of this form. Pay special attention to the mailing