

No. <b>W 72129</b>		<b>Due no later than Mar 31, 2015</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> QUALITY CHIROPRACTIC CENTER, PLLC JAMES E MCKENZIE 619 S. WASHINGTON ST. SUITE101 MOSCOW ID 83843-3063 USA		JAMES E MCKENZIE DC 619 S. WASHINGTON ST. SUITE101 MOSCOW 83843-3063	
				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	JAMES E MCKENZIE DC	619 S.WASHINGTON ST.SUITE101	MOSCOW	ID	83843
MEMBER	MALIKA E MCKENZIE	619 S.WASHINGTON ST.SUITE101	MOSCOW	ID	83843
5. Organized Under the Laws of:  <b>ID W 72129</b>		6. Annual Report must be signed.* Signature: Malika McKenzie Name (type or print): Malika McKenzie Date: 01/23/2015 Title: Office Manager			
Processed 01/23/2015		* Electronically provided signatures are accepted as original signatures.			