

No. <b>W 35518</b>		<b>Due no later than Dec 31, 2013</b>		2. Registered Agent and Address <b>(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>1. Mailing Address: Correct in this box if needed.</b> SUMMIT CHIROPRACTIC PLLC SAM MITCHELL 10316 W USTICK STE 100 BOISE ID 83704 USA		DR SAM MITCHELL 10316 W USTICK STE 100 BOISE ID 83704			
				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	DR SAM MITCHELL	13214 W BALDCYPRESS ST	BOISE	ID	USA	83709	
MEMBER	DENICE MITCHELL	13214 W BALDCYPRESS ST	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 35518</b>		Signature: Sam Mitchell DC				Date: 01/08/2014	
		Name (type or print): Sam Mitchell DC				Title: Owner	
Processed 01/08/2014		* Electronically provided signatures are accepted as original signatures.					