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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------|--------------------|-------------|--|
| No. <b>W 75982</b>                                                                                                                                     |                    | <b>Due no later than Jul 31, 2016</b>                                                                       |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>                     |                    |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b>                                                                                   |       | SUE V PHILLIPS DC<br>1625 ADDISON AVE EAST<br>TWIN FALLS ID 83301-5343 |                    |             |  |
|                                                                                                                                                        |                    | <b>1. Mailing Address: Correct in this box if needed.</b>                                                   |       | 3. <u>New</u> Registered Agent Signature:*                             |                    |             |  |
|                                                                                                                                                        |                    | SUE V. PHILLIPS D.C. P.L.L.C.<br>SUE V. PHILLIPS, D.C.<br>1625 ADDISON AVE EAST<br>TWIN FALLS ID 83301-5343 |       |                                                                        |                    |             |  |
| 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                                                                                                                                                 | JIMMIE E. PHILLIPS | 3999 HIGHWAY 93                                                                                             | FILER | ID                                                                     | USA                | 83328       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                           |       |                                                                        |                    |             |  |
| <b>ID<br/>W 75982</b>                                                                                                                                  |                    | Signature: Sue V. Phillips, D.C.                                                                            |       |                                                                        | Date: 06/13/2016   |             |  |
|                                                                                                                                                        |                    | Name (type or print): Sue V. Phillips, D.C.                                                                 |       |                                                                        | Title: Owner/Agent |             |  |
| Processed 06/13/2016                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                   |       |                                                                        |                    |             |  |