

No. <b>W 100407</b>		<b>Due no later than Feb 29, 2016</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  SERR CHIROPRACTIC, PLLC SCOTT SERR 424 F ST RUPERT ID 83350		DR SCOTT SERR 424 F ST RUPERT ID 83350			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ALLISON SERR	Street or PO Address 623 S. B STREET		City RUPERT	State ID	Country USA	Postal Code 83350
5. Organized Under the Laws of:  <b>ID</b> <b>W 100407</b>		6. Annual Report must be signed.*  Signature: Scott Serr Name (type or print): Scott Serr  Date: 12/29/2015 Title: Owner					
Processed 12/29/2015      * Electronically provided signatures are accepted as original signatures.							