

|  |              |  |        |  |         |             |  |
|--|--------------|--|--------|--|---------|-------------|--|
| No. <b>W 100407</b>  |              | Due no later than Feb 29, 2016   |        | 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>1. Mailing Address: Correct in this box if needed.</b><br>SERR CHIROPRACTIC, PLLC<br>SCOTT SERR<br>424 F ST<br>RUPERT ID 83350  |        | DR SCOTT SERR<br>424 F ST<br>RUPERT ID 83350       |         |             |  |
|  |              |  |        | 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 |  |
| MANAGER  | ALLISON SERR | 623 S. B STREET  | RUPERT | ID   | USA     | 83350       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 100407</b>  |              | 6. Annual Report must be signed.*<br>Signature: Scott Serr<br>Name (type or print): Scott Serr<br>Date: 12/29/2015<br>Title: Owner |        |  |         |             |  |
| Processed 12/29/2015   |              | * Electronically provided signatures are accepted as original signatures.  |        |  |         |             |  |