

No. <b>W 37274</b>		<b>Due no later than Mar 31, 2014</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>Annual Report Form</b>		SCOTT C WHITE 1842 N 3000 W REXBURG ID 83440			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		WHITE CHIROPRACTIC CLINIC PLLC SCOTT C WHITE PO BOX 743 REXBURG ID 83440					
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	SCOTT C WHITE	1920 NORTH 3000 WEST	REXBURG	ID	USA	83440	
MEMBER	CHRISTINA R WHITE	1842 N 3000 W	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 37274</b>		Signature: Scott C. White			Date: 01/27/2014		
		Name (type or print): Scott C. White			Title: President		
Processed 01/27/2014		* Electronically provided signatures are accepted as original signatures.					