No. **W 35518**	**Due no later than Dec 31, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SUMMIT CHIROPRACTIC PLLC SAM MITCHELL 10316 W USTICK STE 100 BOISE ID 83704	DR SAM MITCHELL 10316 W USTICK STE 100 BOISE ID 83704 3. New 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	12448 W MEADOW WOOD DR	BOISE	ID		83713
MEMBER	DENICE MITCHELL	10360 SARANAC	BOISE	ID		83709

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 35518**	Signature: Sam Mitchell	Date: 11/01/2017
	Name (type or print): Sam Mitchell	Title: manager

Processed 11/01/2017

* Electronically provided signatures are accepted as original signatures.