

No. W 35518	Due no later than Dec 31, 2014 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.		DR SAM MITCHELL 10316 W USTICK STE 100 BOISE 83704			
	SUMMIT CHIROPRACTIC PLLC SAM MITCHELL 10316 W USTICK STE 100 BOISE ID 83704 USA		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
MEMBER	DR SAM MITCHELL	10360 SARANAC	BOISE	ID		83709
MEMBER	DENICE MITCHELL	10360 SARANAC	BOISE	ID		83709
5. Organized Under the Laws of: ID W 35518	6. Annual Report must be signed.* Signature: Sam Mitchell Name (type or print): Sam Mitchell		Date: 12/10/2014 Title: member			
Processed 12/10/2014		* Electronically provided signatures are accepted as original signatures.				