

No. W 35518

Due no later than December 31, 2006
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
 700 WEST JEFFERSON
 PO BOX 83720
 BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SUMMIT CHIROPRACTIC PLLC
 10316 W USTICK STE 100
 BOISE, ID 83704

DR SAM MITCHELL
 10316 W USTICK STE 100
 BOISE, ID 83704

**NO FILING FEE IF
 RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner	Sam Mitchell DC	13214 W BAYD Cypress	Boise	ID	83703
owner	Denise Mitchell	13214 W BAYD Cypress	Boise	ID	83703

5. Organized Under the Laws of:

IDAHO
 W 35518

6.

Signature

Date

10-10-06

Name (Typed or Printed)

Sam Mitchell DC

Title

OWNER

Issued 10/02/2006

Do Not Tape or Staple

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