

No. <b>W 37274</b>		<b>Due no later than Mar 31, 2011</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  WHITE CHIROPRACTIC CLINIC PLLC SCOTT C WHITE PO BOX 743 REXBURG ID 83440		SCOTT C WHITE 1842 N 3000 W REXBURG ID 83440			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	SCOTT C WHITE	1842 NORTH 3000 WEST	REXBURG	ID	USA	83440	
MANAGER	CHRISTINA R WHITE	1842 N 3000 W	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:  <b>ID</b> <b>W 37274</b>		6. Annual Report must be signed.*  Signature: Scott C. White Name (type or print): Scott C. White					
		Date: 01/14/2011 Title: Manager					
Processed 01/14/2011		* Electronically provided signatures are accepted as original signatures.					