

No. W 72129

Due no later than March 31, 2009

2. Registered Agent and Office NO PO BOX

Annual Report Form

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

QUALITY CHIROPRACTIC CENTER, PLLC
225 WEST A ST
MOSCOW, ID 83843

JAMES E MCKENZIE DC
225 WEST A ST
MOSCOW, ID 83843

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

Office heldNameStreet or P.O. AddressCityStateZip

Office manager/owner, Malika McKenzie, 225 W-A St, Moscow, ID 83843

5. Organized Under the Laws of:

IDAHO
W 72129

6.

Signature

Dr. James E. McKenzie

Date

1/27/09

Name (Typed or Printed)

Dr. James E. McKenzie

Title

owner

Issued 01/05/2009

Do Not Tape or Staple

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