

No. W 72129		Due no later than Mar 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. QUALITY CHIROPRACTIC CENTER, PLLC JAMES E MCKENZIE 127 S. WASHINGTON ST. 7 MOSCOW ID 83843		JAMES E MCKENZIE DC 127 S. WASHINGTON ST. SUITE 7 MOSCOW ID 83843-3063	
				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	JAMES E MCKENZIE DC	127 S.WASHINGTON ST. SUITE 7	MOSCOW	ID	83843
MEMBER	MALIKA MCKENZIE	127 S.WASHINGTON ST. SUITE 7	MOSCOW	ID	83843
5. Organized Under the Laws of: ID W 72129		6. Annual Report must be signed.* Signature: MALIKA MCKENZIE Name (type or print): MALIKA MCKENZIE Date: 01/23/2018 Title: OFFICE MANAGEER			
Processed 01/23/2018		* Electronically provided signatures are accepted as original signatures.			