

No. <b>W 37274</b>		<b>Due no later than Mar 31, 2015</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		SCOTT C WHITE 583 TWISTED WILLOW REXBURG 83440			
		<b>1. Mailing Address: Correct in this box if needed.</b>  WHITE CHIROPRACTIC CLINIC PLLC SCOTT C WHITE PO BOX 743 REXBURG ID 83440		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	583 TWISTED WILLOW	REXBURG	ID		83440	
MANAGER	CHRISTINA R WHITE	583 TWISTED WILLOW	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 37274</b>		Signature: Scott C. White			Date: 01/21/2015		
		Name (type or print): Scott C. White			Title: Owner/Manager		
Processed 01/21/2015		* Electronically provided signatures are accepted as original signatures.					