No. **W 72129**	**Due no later than Mar 31, 2017** **Annual Report Form**	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**	**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. New 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:	6. Annual Report must be signed.*	
ID **W 72129**	Signature: MALIKA MCKENZIE	Date: 03/27/2017
	Name (type or print): MALIKA MCKENZIE	Title: OFFICE MANAGER

Processed 03/27/2017

* Electronically provided signatures are accepted as original signatures.