

No. W 72129		Due no later than Mar 31, 2010		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		JAMES E MCKENZIE DC 225 WEST A ST MOSCOW ID 83843			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		QUALITY CHIROPRACTIC CENTER, PLLC JAMES E MCKENZIE 225 WEST A ST MOSCOW ID 83843 USA					
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	225 WEST A ST	MOSCOW	ID	USA	83843	
MEMBER	MALIKA MCKENZIE	225 WEST A ST	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 72129		Signature: James Mckenzie				Date: 04/09/2010	
		Name (type or print): James Mckenzie				Title: Owner	
Processed 04/09/2010		* Electronically provided signatures are accepted as original signatures.					