

No. W 100407		Due no later than Feb 28, 2013		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		DR SCOTT SERR 1210 OAKLEY AVE BURLEY ID 83318			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		SERR CHIROPRACTIC, PLLC SCOTT SERR 1210 OAKLEY AVENUE BURLEY ID 83318 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	
MANAGER	ALLISON SERR	623 S. B STREET	RUPERT	ID	USA	83350	
5. Organized Under the Laws of: ID W 100407		6. Annual Report must be signed.* Signature: Scott Serr Name (type or print): Scott Serr Date: 01/10/2013 Title: Owner					
Processed 01/10/2013		* Electronically provided signatures are accepted as original signatures.					