

No. W 35518

Due no later than December 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

DR SAM MITCHELL
10316 W USTICK STE 100
BOISE, ID 83704

3. New Registered Agent Signature

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SUMMIT CHIROPRACTIC PLLC
10316 W USTICK STE 100
BOISE, ID 83704

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
member	Sam Mitchell D.C.	10360 Starline	Boise	ID	83705
member	Denise Mitchell	10360 Starline	Boise	ID	83705

5. Organized Under the Laws of:

IDAHO
W 35518

6.

Signature

Date 10-8-08

Name (Typed or Printed)

Sam Mitchell

Title

Member owner