

No. <b>C 177650</b>	<b>Due no later than Mar 31, 2011</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> ASPEN CHIROPRACTIC P.C. JASON C LEE 1508 W CAYUSE CREEK DR STE 100 MERIDIAN ID 83646	DR JASON C LEE 1508 W CAYUSE CREEK DR STE 100 MERIDIAN ID 83646				
		3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JASON C LEE	1508 W. CAYUSE CREEK DR. STE 100	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of:  <b>ID C 177650</b>	6. Annual Report must be signed.* Signature: Jason Lee Name (type or print): Jason Lee		Date: 03/31/2011 Title: Owner			
Processed 03/31/2011		* Electronically provided signatures are accepted as original signatures.				