





## **STATE OF IDAHO**

Office of the secretary of state, Lawerence Denney REINSTATEMENT ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$30.00 For Office Use Only

-FILED-

File #: 0003960340

Date

Date Filed: 8/5/2020 11:29:57 AM

Dean Rutherford			08/05/2020				
The Application for Reinstatement must be signed by at lea	ast one governor.						
Dean Rutherford	Member		513 N MAIN ST HAILEY, ID 83333				
Name	Titi	le	Address				
Limited Liability Company Managers and Members							
The mailing address of the corporation is: 513 N MAIN ST HAILEY, ID 83333-8568							
		Mailing Addr	ress				
		Registered Agent Physical Address 513 N MAIN ST HAILEY, ID 83333					
				The registered agent on record is: Registered Agent		DEAN RUTHERFORD	
				Profession  The business is organized to practice the pro	fession of:	Chiropract	ic
		TAILET OFFICE TACTIC CLINICT LEC					
imited Liability Company Name: Limited Liability Company name		HAILEVO	HIROPRACTIC CLINIC PLLC				
Limited Liability Company Subtype		Professional Limited Liability Company					
Entity Subtype:							
Entity Type:		Limited Liability Company (D)					
of State is: Organized under the laws of:	•	IDAHO					
The file number of this entity on the records of the Idaho Secretary							
descriptions below) Current Entity Name		HAILEY CHIROPRACTIC CLINIC PLLC					
Reinstatement Annual Report Form  Select one: Standard, Expedited or Same Day Service (see		Standard (filling fee \$30)					

Member

Sign Here

Job Title: