

No. C 68299	Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018		2. Registered Agent and Office (NOT A P.O. BOX) DONALD D RAE 1149 WEST BOISE AVE BOISE ID 83706																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BROADWAY CHIROPRACTIC CENTER P.A. DONALD RAE DONALD D. RAE 1149 WEST BOISE AVE. BOISE ID 83706		3. <u>New</u> Registered Agent Signature.																						
REINSTATEMENT FEE DUE: \$30.00																									
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Donald D Rae DC</td> <td>1149 W. Boise Ave</td> <td>Boise</td> <td>Id</td> <td>Ada</td> <td>83706</td> </tr> <tr> <td>Secretary</td> <td>Margaret A. Rae</td> <td>1149 W. Boise Ave</td> <td>Boise</td> <td>Id</td> <td>Ada</td> <td>83706</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Donald D Rae DC	1149 W. Boise Ave	Boise	Id	Ada	83706	Secretary	Margaret A. Rae	1149 W. Boise Ave	Boise	Id	Ada	83706
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5. Organized Under the Laws of: IDAHO C 68299		6. <table border="1"> <tr> <td>Signature: <u>Donald D. Rae DC</u></td> <td>Date: <u>01/20/2018</u></td> </tr> <tr> <td>Name (type or print): <u>Donald D. Rae DC</u></td> <td>Title: <u>Owner/President</u></td> </tr> </table>			Signature: <u>Donald D. Rae DC</u>	Date: <u>01/20/2018</u>	Name (type or print): <u>Donald D. Rae DC</u>	Title: <u>Owner/President</u>																	
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Issued 01/27/2018 by online