

No. C 183356		Due no later than Jun 30, 2015		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 1. Mailing Address: Correct in this box if needed. ASPEN RIDGE CHIROPRACTIC, P.C. MICHAEL C. MILLER 3526 BRIAR CREEK LANE AMMON ID 83406 USA		MICHAEL CHAD MILLER 3526 BRIAR CREEK LANE AMMON 83406			
				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	
SECRETARY	ELISE R MILLER	2022 CASTELLI DR	AMMON	ID	USA	83406	
PRESIDENT	MICHAEL C MILLER	2022 CASTELLI DR	AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID C 183356		6. Annual Report must be signed.* Signature: Michael Miller Name (type or print): Michael Miller Date: 04/20/2015 Title: President					
Processed 04/20/2015		* Electronically provided signatures are accepted as original signatures.					