

No. C 183356		Due no later than Jun 30, 2015 <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 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:  <b>ID C 183356</b>		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.					