| No. C 183356 | | Due no later than Jun 30, 2018 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|------------------------------------|--|--------------------------------------|--------------------------|---|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ASPEN RIDGE CHIROPRACTIC, P.C. MICHAEL C. MILLER 3419 MERLIN DR IDAHO FALLS ID 83404 ness Addresses of President, Secretary, and Directors. Treasurer (| | 3419 MERLI IDAHO FALL | MICHAEL CHAD MILLER 3419 MERLIN DR IDAHO FALLS ID 83404 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | | | | 3. New Registered Agent Signature:* | | | |
| Office Held | Name | css Addi csscs | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY PRESIDENT | ELISE R MILLER MICHAEL C MILLER | | 2022 CASTELLI DR 2022 CASTELLI DR | AMMON AMMON | ID ID | USA USA | 83406 83406 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: | Mike Miller | | Date: 04/24/2018 | | | |
| C 183356 | | Name (type | e or print): Mike Miller | | Title: President | | | |
| * Electronically provided signatures are accepted as original signatures. | | | | | | | | |