

No. C 177650		Due no later than Mar 31, 2014 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. ASPEN CHIROPRACTIC P.C. JASON C LEE 1532 W CAYUSE CREEK DR MERIDIAN ID 83646		DR JASON C LEE 1532 W CAYUSE CREEK DR MERIDIAN ID 83646			
						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	
PRESIDENT	JASON C LEE	1532 W. CAYUSE CREEK DR.	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID C 177650		6. Annual Report must be signed.* Signature: Jason C Lee Name (type or print): Jason C Lee Date: 04/09/2014 Title: Owner					
Processed 04/09/2014 * Electronically provided signatures are accepted as original signatures.							