

No. C 179429	Reinstatement Annual Report Form ADMIN DISSOLVED 10/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) DENNIS J DOWNEY 108 EAST PINE ST CALDWELL ID 83605														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DOWNEY CHIROPRACTIC CLINIC, P.C. DENNIS J DOWNEY 108 EAST PINE ST CALDWELL ID 83605 USA		3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Dennis J Downey</td> <td>108 E Pine St</td> <td>Caldwell</td> <td>ID</td> <td></td> <td>83605</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Dennis J Downey	108 E Pine St	Caldwell	ID		83605
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Dennis J Downey	108 E Pine St	Caldwell	ID		83605											
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 179429 </div>	6. Signature: <u><i>Dennis J Downey</i></u> Date: <u>11/5/13</u> Name (type or print): <u>Dennis J Downey</u> Title: <u>Owner President</u>																

Issued 10/28/2013 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM