No. C 179078	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** RIVER CITY CHIROPRACTIC, INC. SCOTT N CRAWFORD 1109 E POLSTON AVE POST FALLS ID 83854	SCOTT N CRAWFORD 1109 E POLSTON AVE POST FALLS ID 83854
REINSTATEMENT FEE **DUE:** $30.00		3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Scott Crawford	1109 E Polston	Post Falls	ID	Kootenai	83854
Secretary	Michelle Crawford	1109 E Polston Ave	Post Falls	ID	Kootenai	83854

5. Organized Under the Laws of:	6.
IDAHO C 179078	Signature:  Date: 10-9-17 Name (type or print): Dr. Scott Crawford Title: Owner

Issued 10/09/2017 by online