No. C 183356	Reinstatement Annual Report Form ADMIN DISSOLVED 09/10/2013	2. Registered Agent and Office **(NOT A P.O. BOX)** MICHAEL CHAD MILLER 3526 BRIAR CREEK LANE AMMON ID 83406
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.** ASPEN RIDGE CHIROPRACTIC, P.C. MICHAEL C. MILLER 3526 BRIAR CREEK LANE AMMON ID 83406 USA	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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	Mike Miller	3526 Briarcreek Ln	Ammon	ID	USA	83406

5. Organized Under the Laws of:	6.
IDAHO C 183356	Signature: Mike Miller Date: 11/7/14 Name (type or print): Mike Miller Title: President

Issued 11/05/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM