



0006214843



STATE OF IDAHO
Office of the secretary of state, Phil McGrane
REINSTATEMENT ANNUAL REPORT

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$30.00

For Office Use Only

-FILED-

File #: 0006214843

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Reinstatement Annual Report Form

Select one: Standard, Expedited or Same Day Service (see descriptions below) **Same Day Service (+\$100; filing fee \$130)**

Current Entity Name **RIVER CITY CHIROPRACTIC, INC.**

The file number of this entity on the records of the Idaho Secretary of State is: **0000541758**

Organized under the laws of: **IDAHO**

Entity Type: **General Business Corporation (D)**

Entity Subtype:

Corporation Subtype **General Business Corporation**

Corporation Name:

Corporation name **RIVER CITY CHIROPRACTIC, INC.**

The registered agent on record is:

Registered Agent **SCOTT N CRAWFORD**
Registered Agent
Physical Address
1109 E POLSTON AVE
POST FALLS, ID 83854
Mailing Address

The mailing address of the entity is:

1109 E POLSTON AVE
POST FALLS, ID 83854-6045

The physical address of the entity is:

1109 E POLSTON AVE
POST FALLS, ID 83854-6045

Corporate Officers and Directors:

Name	Title	Address
+ Scott N Crawford	President	1109 E POLSTON AVE POST FALLS, ID 83854-6045

The Application for Reinstatement must be signed by a governor.

Title: **President**

Scott Crawford

04/22/2025

Sign Here

Date

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