

No. C 167277

Reinstatement Annual Report Form
ADMIN DISSOLVED 09/23/2014

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.

DANIEL M. PEWE D.C. P.C.
DANIEL M PEWE
~~1305 S FIVE MILE RD~~
~~BOISE ID 83709 USA~~
288 HIGHWAY 16, Suite 101
Emmett, ID 83617

2. Registered Agent and Office
(NOT A P.O. BOX)

DR DANIEL M PEWE
~~1305 S FIVE MILE RD~~
~~BOISE ID 83709~~
288 HIGHWAY 16, Suite 101
Emmett, ID 83617

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	DR. DANIEL M PEWE	288 HIGHWAY 16, Suite 101	Emmett	ID		83617

5. Organized Under the Laws of:

IDAHO
C 167277

6.

Signature:

Name (type or print):

DR. DANIEL PEWE

Date:

10-21-14

Title:

PRESIDENT

Issued 10/21/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM