

No. C 180202	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LIVE WELL CHIROPRACTIC, P.C. LANE N CABLE 4902 SE 2ND AVE 502 Cotton St. NEW PLYMOUTH ID 83655 USA		LANE CABLE 4902 SE 2ND AVE 502 Cotton St NEW PLYMOUTH ID 83655
			3. <u>New</u> Registered Agent Signature.

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	Lane Cable	502 Cotton St	New Plymouth	ID	USA	83655

5. Organized Under the Laws of:

**IDAHO
C 180202**

6.

Signature:

Name (type or print):

Lane Cable

Date:

2-2-2016

Title:

Pres.