No. C 167723	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012	2. Registered Agent and Office **(NOT A P.O. BOX)** AARON MARK NELSON 3360 S 15TH E IDAHO FALLS ID 83404
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.** NELSON CHIROPRACTIC P.A. AARON M NELSON 3360 S 15TH E IDAHO FALLS ID 83404 USA	3. New Registered Agent Signature.
REINSTATEMENT FEE **DUE:** $30.00		

Corporations: [redacted]

[redacted]	[redacted]	[redacted]	[redacted]	**Country**	[redacted]
Sec.	Stephanie Call	3360 S. 15th E	Idaho Falls	ID	US	83404
Pres. / Dir.	Aaron Nelson	"	"	"	"	"

5. Organized Under the Laws of:	6. Signature:	Date: 3/27/13
IDAHO C 167723	Name (type or print): Aaron Nelson	Title: Owner/Pres.

Issued 03/18/2013 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

[redacted] to the mailing address. If the