No. **C 177650**	**Due no later than Mar 31, 2012** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** ASPEN CHIROPRACTIC P.C. JASON C LEE 1508 W CAYUSE CREEK DR STE 100 MERIDIAN ID 83646	DR JASON C LEE 1508 W CAYUSE CREEK DR STE 100 MERIDIAN ID 83646 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JASON C LEE	1508 W. CAYUSE CREEK DR. STE 100	MERIDIAN	ID	USA	83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 177650**	Signature: Jason C Lee D.C.	Date: 04/03/2012
	Name (type or print): Jason C Lee D.C.	Title: Owner

Processed 04/03/2012

* Electronically provided signatures are accepted as original signatures.