

No. C 177650

Due no later than March 31, 2009
Annual Report Form2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ASPEN CHIROPRACTIC P.C.
5603 N LOCUST GROVE RD
MERIDIAN, ID 836461508 W. Cayuse Creek Dr.
Suite 100
Meridian ID 83646DR JASON C LEE
5603 N LOCUST GROVE RD
MERIDIAN, ID 83646
1508 W. Cayuse Creek Dr. #100
Meridian ID 83646**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Jason C. Lee	1508 W. Cayuse Creek Dr.	Meridian	ID	83646
Secretary	Bergen Lee	1508 W. Cayuse Creek Dr	Meridian	ID	83646

5. Organized Under the Laws of:

IDAHO
C 177650

6.

Signature



Date

3/2/09

Name (Typed or Printed)

JASON C. LEE

Title

President