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| No. C 177650 | Due no later than Mar 31, 2016 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 1532 W CAYUSE CREEK DR MERIDIAN ID 83646 | DR JASON C LEE 1532 W CAYUSE CREEK DR MERIDIAN ID 83646 |
| | | 3. <u>New</u> Registered Agent Signature:* |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | |
| Office Held | Name | Street or PO Address |
| PRESIDENT | JASON C LEE | 1532 W. CAYUSE CREEK DR. |
| City | State | Country |
| MERIDIAN | ID | USA |
| Postal Code | 83646 | |
| 5. Organized Under the Laws of: ID C 177650 | 6. Annual Report must be signed.* Signature: Jason C Lee Name (type or print): Jason C Lee Date: 02/26/2016 Title: Owner | |
| Processed 02/26/2016 * Electronically provided signatures are accepted as original signatures. | | |