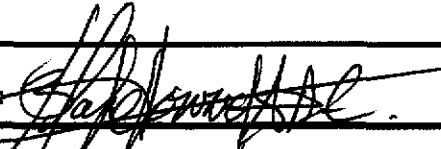


No. <b>W 47009</b>	<b>Due no later than Jan 31, 2010 Annual Report Form</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) <b>BLAKE HOWARD D.C. 4700 N CLOVERDALE #103 BOISE ID 83713</b>			
Return to: <b>SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. <b>TEAM CLINIC CHIROPRACTIC SPORTS MEDICINE LLC BLAKE HOWARD D.C. 4700 N CLVOERDALE #103 BOISE ID 83713</b>		3. <u>New</u> Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	BLAKE HOWARD	4700 N. CLOVERDALE #103 BOISE	ID			83713
5. Organized Under the Laws of:  <b>IDAHO W 47009</b>					6. Signature:  Name (type or print): <b>BLAKE HOWARD</b> Date: <b>11/04/09</b> Title: <b>MEMBER</b>	
Issued 11/04/2009 by DK1					201001008267	