FILED/EFFECTIVE

REINSTATEMENT

No. C 128897		Applia Report Form ADMIN DISSOLVED 08/06/2001	Registered Agent and Office NOT A P.O. BOX JOHN E WHALEN
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00		1. Mailing Address - Correct in this box. if applicable ALPINE COTTAGE CHIROPRACTIC, P.C. JOHN E WHALEN 1326 E FIRST ST MERIDIAN, ID 83642	1326 E FIRST ST MERIDIAN, ID 83642 3. New registered agent signature
4. Corporal Limited I Office he Secres	Liability Companies: Enter	usiness Addresses of President, Secretary and Directors Names and Addresses of Managers or Members (check one) Street or P.O. Address E. Whate (3 24 E 15+ St.) E. Ray	<u>City State Zip</u>
5. Organized	l under the laws of: IDAHO C 128897	6. Signature Name (Typed or Printed) TohnE.Whalen	De Title Pres, Let

Issued 08/14/2001