

Reinstatement for W 38803

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No. W 38803		Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) JAMES B TRAPP 1819 W STATE BOISE ID 83702	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KINETIC CHIROPRACTIC LLC 1819 W STATE BOISE ID 83702		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
OWNER	JAMES TRAPP	1819 W. STATE	BOISE	ID	USA 83702
5. Organized Under the Laws of: IDAHO W 38803					
6.		Signature: <i>James Trapp</i>		Date: <i>7/28/2010</i>	
		Name (type or print): JAMES TRAPP		Title: OWNER	
Issued 07/28/2010 by LJC					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The