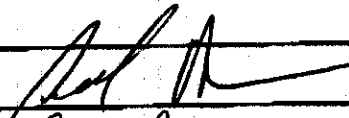
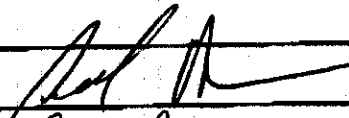
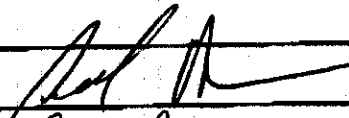


FILED EFFECTIVE

REINSTATEMENT

No. W 27949	Annual Report Form ADMIN DISSOLVED 04/10/2007		2. Registered Agent and Office NOT A P.O. BOX													
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		CARL ANDERSON 1505 S FIVE MILE RD BOISE, ID 83709													
	A+ CHIROPRACTIC, PLLC 2007 APR 16 AM 9:41 CARL ANDERSON 1505 S FIVE MILE RD BOISE, ID 83709 SECRETARY OF STATE STATE OF IDAHO		3. New registered agent signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>member</td><td>Carl Anderson</td><td>1505 S five mile Rd</td><td>Boise</td><td>ID</td><td>83709</td></tr></tbody></table>					Office held	Name	Street or P.O. Address	City	State	Zip	member	Carl Anderson	1505 S five mile Rd	Boise	ID	83709
Office held	Name	Street or P.O. Address	City	State	Zip											
member	Carl Anderson	1505 S five mile Rd	Boise	ID	83709											
5. Organized under the laws of: IDAHO W 27949		6. <table border="0"><tr><td>Signature</td><td></td><td>Date</td><td>4/13/07</td></tr><tr><td>Name (Typed or Printed)</td><td>Carl Anderson</td><td>Title</td><td>Member</td></tr></table>			Signature		Date	4/13/07	Name (Typed or Printed)	Carl Anderson	Title	Member				
Signature		Date	4/13/07													
Name (Typed or Printed)	Carl Anderson	Title	Member													

Issued 04/13/2007 by SL1