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 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	CARL ANDERSON 1505 S FIVE MILE RD BOISE, ID 83709 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.

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:	6.
IDAHO W 27949	Signature [signature] Date 4/13/07 Name (Typed or Printed) Carl Anderson Title Member

Issued 04/13/2007 by SL1