

FILED EFFECTIVE

No. W 25260	Reinstatement Annual Report Form ADMIN DISSOLVED 10/07/2008		2. Registered Agent and Office (NOT A P.O. BOX) JOHN H HOLLAND JR 2086 ADDISON AVE E TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	2. Mailing Address: Correct in this box if needed. HOLLAND CHIROPRACTIC & REHAB PLLC 370 2ND ST WEST HAZELTON ID 83335 <i>Come to Address</i>		3. New 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
<i>President</i>	<i>John Holland</i>	<i>2086 Addison Ave E</i>	<i>Twin Falls ID 83301</i>
<i>Vice President</i>	<i>Stephanie Holland</i>	<i>2086 Addison Ave E</i>	<i>T.F. ID 83301</i>
5. Organized Under the Laws of: IDAHO W 25260		6. Signatures: <i>[Signature]</i> Date: <i>11/10/08</i> Name (type or print): <i>JOHN Holland</i> Title: <i>Chairman</i>	
Issued 11/06/2008 by CLH			