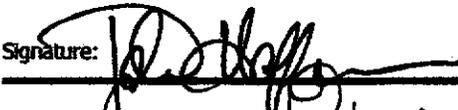


<p>No. <b>C 172040</b></p>	<p align="center"><b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/08/2010</b></p>		<p>2. Registered Agent and Office (NOT A P.O. BOX)</p>	
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p><b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b></p>	<p>1. Mailing Address: Correct in this box if needed.</p> <p>C.A.R. CLINIC INC JOHN HOFFMANN 1321 BIZ TOWN LP HAYDEN ID 83835</p>		<p>JOHN HOFFMANN <del>9471 E HOWARD RD</del> <del>ATHOL ID 83801</del> <b>4016 CALZADO DR</b> <b>COA, ID 83815</b></p> <p>3. New Registered Agent Signature.</p>	
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.</p>				
<p>Office Held      Name      Street or PO Address      City      State      Country      Postal Code</p>				
<p><b>PRES / JOHN HOFFMANN 4016 CALZADO DR</b> <b>HAYDEN, ID. 83835.</b></p>				
<p>5. Organized Under the Laws of:</p> <p align="center"><b>IDAHO</b> <b>C 172040</b></p>		<p>6.</p> <p>Signature:       Date: <b>9-29-10</b></p> <p>Name (type or print): <b>John Hoffmann</b>      Title: <b>PRES.</b></p>		
<p>Issued 06/24/2010 by DK1</p>				

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**