

No. C 179078	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT N CRAWFORD 609 N CALGARY CT STE 1 POST FALLS ID 83854																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00					1. Mailing Address: Correct in this box if needed. RIVER CITY CHIROPRACTIC, INC. 609 N CALGARY CT STE 1 POST FALLS ID 83854		3. New Registered Agent Signature.																		
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Scott Crawford</td> <td>609 N Calgary Ct Ste 1</td> <td>Post Falls</td> <td>ID</td> <td>Kootenai</td> <td>83854</td> </tr> <tr> <td>Sec/Treasurer</td> <td>Michelle Crawford</td> <td>609 N Calgary Ct Ste 1</td> <td>Post Falls</td> <td>ID</td> <td>Kootenai</td> <td>83854</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Scott Crawford	609 N Calgary Ct Ste 1	Post Falls	ID	Kootenai	83854	Sec/Treasurer	Michelle Crawford	609 N Calgary Ct Ste 1	Post Falls	ID	Kootenai	83854
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5. Organized Under the Laws of: IDAHO C 179078		6. Signature: <u>Michelle Crawford</u> Date: <u>9/19/10</u> Name (type or print): <u>Michelle R Crawford</u> Title: <u>Sec/Treas</u>																							
Issued 09/17/2010 by 1.1																									