# REINSTATEMENT

| No. C 161374 | Annual Report Form<br>ADMIN DISSOLVED 10/10/2007 | 2. Registered Agent and Office NOT A P.O. BOX |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>FEE DUE $30.00 | 1. Mailing Address - Correct in this box, if applicable<br>JOHNSON CHIROPRACTIC, P.C.<br>490 N STOUT<br>BLACKFOOT, ID 83221 | DR MICHAEL JOHNSON<br>490 N STOUT<br>BLACKFOOT, ID 83221<br><br>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 |
|---|---|---|---|---|---|
| President | Michael Johnson, DC. | 490 N. Stout St. | Blackfoot | ID | 83221 |

| 5. Organized under the laws of: | 6. |
|---|---|
| IDAHO<br>C 161374 | Signature [signature] Date 9/11/08<br>Name (Typed or Printed) Michael Johnson D.C Title President |

Issued 9/11/2008 by LJM