No. W 47009	Reinstatement Annual Report Form ADMIN DISSOLVED 04/11/2011	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** TEAM CLINIC CHIROPRACTIC SPORTS MEDICINE LLC BLAKE HOWARD D.C. 4700 N CLOVERDALE #103 BOISE ID 83713	BLAKE HOWARD D.C. 4700 N CLOVERDALE #103 BOISE ID 83713 3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager Member (circle one)	BLAKE HOWARD	4700 N. CLOVERDALE #103	BOISE	ID		83713

5. Organized Under the Laws of:	6.
IDAHO W 47009	Signature: [signature] Date: 5/02/11 Name (type or print): BLAKE HOWARD Title: OWNER

Issued 05/02/2011 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM