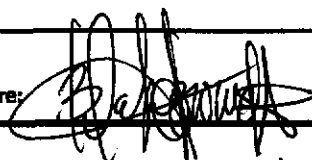
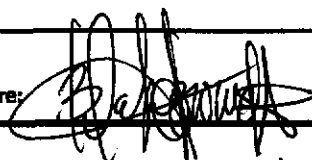
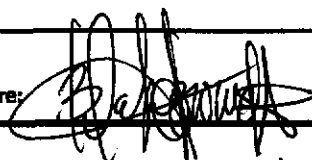


| <b>No. W 47009</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | <b>Reinstatement Annual Report Form</b>                                                                                                                                                                                                                                           |       | <b>2. Registered Agent and Office (NOT A P.O. BOX)</b>        |         |                                                                                                      |                      |                                           |                     |       |         |             |                                                                                                         |              |                         |       |    |  |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|---------------------|-------|---------|-------------|---------------------------------------------------------------------------------------------------------|--------------|-------------------------|-------|----|--|-------|
| <b>Return to:</b><br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080                                                                                                                                                                                                                                                                                                                                  |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TEAM CLINIC CHIROPRACTIC SPORTS<br>MEDICINE LLC<br>BLAKE HOWARD D.C.<br>4700 N CLOVERDALE #103<br>BOISE ID 83713                                                                                                 |       | BLAKE HOWARD D.C.<br>4700 N CLOVERDALE #103<br>BOISE ID 83713 |         |                                                                                                      |                      |                                           |                     |       |         |             |                                                                                                         |              |                         |       |    |  |       |
| <b>REINSTATEMENT<br/>FEE DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                                                                                                                                   |       | <b>3. New Registered Agent Signature.</b>                     |         |                                                                                                      |                      |                                           |                     |       |         |             |                                                                                                         |              |                         |       |    |  |       |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                   |       |                                                               |         |                                                                                                      |                      |                                           |                     |       |         |             |                                                                                                         |              |                         |       |    |  |       |
| <table border="1"><thead><tr><th>Manager or Member</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><input checked="" type="radio"/> Manager<br/><input type="radio"/> Member<br/>Manager Member (circle one)</td><td>BLAKE HOWARD</td><td>4700 N. CLOVERDALE #103</td><td>BOISE</td><td>ID</td><td></td><td>83713</td></tr></tbody></table> |                      |                                                                                                                                                                                                                                                                                   |       |                                                               |         | Manager or Member                                                                                    | Name                 | Street or PO Address                      | City                | State | Country | Postal Code | <input checked="" type="radio"/> Manager<br><input type="radio"/> Member<br>Manager Member (circle one) | BLAKE HOWARD | 4700 N. CLOVERDALE #103 | BOISE | ID |  | 83713 |
| Manager or Member                                                                                                                                                                                                                                                                                                                                                                                                                    | Name                 | Street or PO Address                                                                                                                                                                                                                                                              | City  | State                                                         | Country | Postal Code                                                                                          |                      |                                           |                     |       |         |             |                                                                                                         |              |                         |       |    |  |       |
| <input checked="" type="radio"/> Manager<br><input type="radio"/> Member<br>Manager Member (circle one)                                                                                                                                                                                                                                                                                                                              | BLAKE HOWARD         | 4700 N. CLOVERDALE #103                                                                                                                                                                                                                                                           | BOISE | ID                                                            |         | 83713                                                                                                |                      |                                           |                     |       |         |             |                                                                                                         |              |                         |       |    |  |       |
| <b>5. Organized Under the Laws of:</b><br><br>IDAHO<br>W 47009                                                                                                                                                                                                                                                                                                                                                                       |                      | <b>6.</b><br><table border="1"><tr><td><b>Signature:</b> </td><td><b>Date:</b> 5/02/11</td></tr><tr><td><b>Name (type or print):</b> BLAKE HOWARD</td><td><b>Title:</b> OWNER</td></tr></table> |       |                                                               |         | <b>Signature:</b>  | <b>Date:</b> 5/02/11 | <b>Name (type or print):</b> BLAKE HOWARD | <b>Title:</b> OWNER |       |         |             |                                                                                                         |              |                         |       |    |  |       |
| <b>Signature:</b>                                                                                                                                                                                                                                                                                                                                  | <b>Date:</b> 5/02/11 |                                                                                                                                                                                                                                                                                   |       |                                                               |         |                                                                                                      |                      |                                           |                     |       |         |             |                                                                                                         |              |                         |       |    |  |       |
| <b>Name (type or print):</b> BLAKE HOWARD                                                                                                                                                                                                                                                                                                                                                                                            | <b>Title:</b> OWNER  |                                                                                                                                                                                                                                                                                   |       |                                                               |         |                                                                                                      |                      |                                           |                     |       |         |             |                                                                                                         |              |                         |       |    |  |       |
| Issued 05/02/2011 by DK1                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                                                                                                                                                                                   |       |                                                               |         |                                                                                                      |                      |                                           |                     |       |         |             |                                                                                                         |              |                         |       |    |  |       |

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**