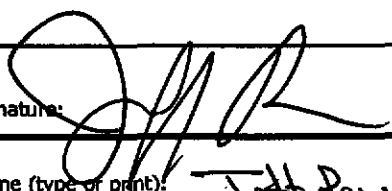


No. C 136622		Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) JEFFREY A PEWE 1305 S FIVE MILE RD BOISE ID 83709	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. CHIROPRACTIC ARTS, P.A. JEFFREY A PEWE 1305 S FIVE MILE RD BOISE ID 83709		3. <u>New</u> Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
Pres.	Jeff Pewe	1305 S. Five Mile Rd	Boise	ID	USA 83709
Sec.	Middle Pewe	1305 S. Five Mile Rd	Boise	ID	USA 83709
5. Organized Under the Laws of: IDAHO C 136622					
6.		Signature: 		Date: <u>3/11/11</u>	
		Name (type or print): <u>Jeff Pewe</u>		Title: <u>President</u>	
Issued 03/11/2011 by 1.1					