REINSTATEMENT

No. C 122472	Annual Report Form ADMIN DISSOLVED 04/10/2007			2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable			ROBERT C. MONTGOMERY, CHTD 2160 S TWIN RAPID WAY		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KNOWLES CHIROPRACTIC, AFER 19 AM 8:41 JOHN RICHARD KNOWLES III 7153 W. EMERALD		BOISE, ID 83709 3. New registered agent signature			
FEE DUE \$30.00	SECRETARY OF STATE BOISE, ID 83704 STATE OF IDAHO					
I. Corporations: Enter Names and E Limited Liability Companies: Enter Limited and Limited Liability Partn Office held Name	Names and Addresses of erships: Enter names and		City	State	Zio	
CFO John R. Secretary Linda K	Knowles III 52 nowles 52	288 N Brigadoon Pl. 288 N Brigadoon Pl. 288 N Brigadoon Pl. 288 N Brigadoon Pl.	Meridian Meridian Meridian Meridian	ID ID ID ID	83646 83646 83646 83646	
. Organized under the laws of:	6. Signature	Dr. Jul Suculo	Date	April 17	, 2007	
C 122472	Name (Ty	ped or Dr. John R. Knowle	es III Title	Presider	t/CEO	

Indicad AAI4@IOOOT his OI L