No. C 116278

Return to:
SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080

REINSTATEMENT
FEE DUE: $30.00

Reinstatement Annual Report Form
ADMIN DISSOLVED 11/10/2010

1. Mailing Address: Correct in this box if needed.

TEAM LEWIS CHIROPRACTIC, P.C.
KASEY K. LEWIS
4900 N ROSEPOINT WAY STE B
BOISE ID 83713

2. Registered Agent and Office (NOT A P.O. BOX)
KASEY K LEWIS
4900 N ROSEPOINT WAY
BOISE ID 83713

3. New 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
President	Kasey Lewis	4900 Rosepoint way stB	Boise	ID	ADA	83713
Sec.	Belyn Lewis	4900 Rosepoint way B	Boise	ID	ADA	83713

5. Organized Under the Laws of:

IDAHO
C 116278

6.

Signature: [signature] Date: 11-16-10

Name (type or print): Kasey K Lewis Title: Owner

Issued 11/17/2010 by JJ