REINSTATEMENT

No. W 15157	Annual Report Form ADMIN DISSOLVED 07/05/2002	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **FEE DUE $30.00**	[redacted] TOTAL HEALTH CHIROPRACTIC, PLLC 403 W CHERRY LANE #102 MERIDIAN, ID 83642	TRAVIS WILSON 403 W CHERRY LANE #102 MERIDIAN, ID 83642 3. New registered agent signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Owner President	TRAVIS WILSON	725 E Wakely Meridian ID 83642			

5. Organized under the laws of:	6.
IDAHO W 15157	Signature [signature] Date 9.4.03 Name (Type or Print) TRAVIS WILSON Title OWNER

Issued 08/25/2003