

No. C 97190		Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2008		2. Registered Agent and Office (NOT A P.O. BOX) KEVIN G HEARON 3314 N COLE RD BOISE ID 83704																						
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. BOISE SPORTS CHIROPRACTIC CLINIC P.A. KEVIN G HEARON 3314 N COLE RD BOISE ID 83704		3. New Registered Agent Signature.																						
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.																										
<table border="1"><thead><tr><th>Office Held</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>PRESIDENT</td><td>KEVIN G. HEARON</td><td>3425 ARMOUR ST.</td><td>BOISE</td><td>ID</td><td>USA</td><td>83704</td></tr><tr><td>VP/SEC.</td><td>ALISON S. HEARON</td><td>3425 ARMOUR ST.</td><td>BOISE</td><td>ID</td><td>USA</td><td>83704</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	KEVIN G. HEARON	3425 ARMOUR ST.	BOISE	ID	USA	83704	VP/SEC.	ALISON S. HEARON	3425 ARMOUR ST.	BOISE	ID	USA	83704
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VP/SEC.	ALISON S. HEARON	3425 ARMOUR ST.	BOISE	ID	USA	83704																				
5. Organized Under the Laws of: IDAHO C 97190		6. Signature:  Name (type or print): KEVIN G. HEARON Date: 2-16-11 Title: PRESIDENT																								
Issued 02/11/2011 by LJC																										