No. C 139299	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2011	2. Registered Agent and Office **(NOT A P.O. BOX)** JAREN L SAYER 1100 N COLE RD BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** HEALTHQUEST CHIROPRACTIC, P.C. JAREN L SAYER 2667 E JULIET DR 2667 E Juliet Dr MERIDIAN ID 83642 USA	3. New Registered Agent Signature.
REINSTATEMENT FEE **DUE:** $30.00		

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	Jaren L Sayer	same ↑				
Treasurer	Emily E Sayer	same ↑				

5. Organized Under the Laws of:	6.
IDAHO C 139299	Signature: [signature] Date: 6·22·12 Name (type or print): Emily E Sayer Title: Treasurer

Issued 06/22/2012 by KAH