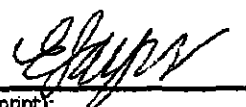


No. C 139299	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2011		2. Registered Agent and Office (NOT A P.O. BOX)																						
Return to: SECRETARY OF STATE 450 N 4TH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HEALTHQUEST CHIROPRACTIC, P.C. JAREN L SAYER 2667 E JULIET DR 2667 E Juliet Dr MERIDIAN ID 83642 USA		JAREN L SAYER 1100 N COLE RD BOISE ID 83704																						
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> 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>Jaren L Sayer</td> <td>same ?</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Treasurer</td> <td>Emily E Sayer</td> <td>same ?</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Jaren L Sayer	same ?					Treasurer	Emily E Sayer	same ?				
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President	Jaren L Sayer	same ?																							
Treasurer	Emily E Sayer	same ?																							
5. Organized Under the Laws of: IDAHO C 139299	6. Signature:  Date: 6.22.12 Name (type or print): Emily E Sayer Title: Treasurer																								