

REINSTATEMENT

No. C 68299 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 01/06/2009 1. Mailing Address - Correct in this box, if applicable RAE CHIROPRACTIC CENTER P.A. DONALD D. RAE 1149 WEST BOISE AVE. BOISE, ID 83706	2. Registered Agent and Office NOT A P.O. BOX DONALD D RAE 1149 WEST BOISE AVE BOISE, ID 83706 3. <u>New</u> registered agent signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 35%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Donald D. Rae</td> <td>1149 W Boise Ave</td> <td>Boise Id</td> <td></td> <td>83706</td> </tr> <tr> <td>Secretary</td> <td>Margaret A. Rae</td> <td>1149 W. Boise Ave</td> <td>Boise, Idaho</td> <td></td> <td>83706</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Donald D. Rae	1149 W Boise Ave	Boise Id		83706	Secretary	Margaret A. Rae	1149 W. Boise Ave	Boise, Idaho		83706
Office held	Name	Street or P.O. Address	City	State	Zip															
President	Donald D. Rae	1149 W Boise Ave	Boise Id		83706															
Secretary	Margaret A. Rae	1149 W. Boise Ave	Boise, Idaho		83706															
5. Organized under the laws of: IDAHO C 68299	6. Signature <u>Donald D. Rae DL</u> Date <u>2/2/09</u> Name (Typed or Printed) <u>Donald D. Rae D.C.</u> Title <u>President.</u>																			

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