Title: President

FILED EFFECTIVE

2. Registered Agent and Office (NOT A No. C 179946 Reinstatement Annual Report Form P.O. BOX) ADMIN DISSOLVED 12/08/2009 DENNIS COCKRUM, D.C. Return to: 1801 LINCOLN WAY STE 4 1. Mailing Address: Correct in this box if peeded. SECRETARY OF STATE COFUR DIALENE ID 83814 450 N 4th STREET 133 N. 9th St. PO BOX 83720 BACK IN HEALTH CHIROPRACTIC, INC. BOISE, ID 83720-0080 P.O.B. 671 ST. MARIES ID. 83841 133 N-9TH ST 3. New Registered Agent Signature. ST MARIES ID 83861 REINSTATEMENT PM DUE: \$30.00 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Tressurer. Street or PO Address State Country Postal Code Oty Office Hald ST. MARIES President DENVIS COCKRUM P.08. 671 USA 23861 5. Organized Under the Laws of: 6. euris Cakrum, O.C. Data: 01/13/10 Signature: **IDAHO** C 179946

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Name (type or print) Dennis Cockcum, D.C.

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mallings, the corrected address weest be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Nature The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a name registered agent must sign in Block 3.

sued 01/12/2010 by CLH

Block 4: Enter names and business addresses of president, secretary, and directors. **Note: <u>Do not</u> put "same as fast year" or** "same as above". These will not be eccepted.

Block 5: May not be aftered through the use of this form.

Shock 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.