




FILED EFFECT

REINSTATEMENT

No. C 138244	Annual Report Form ADMIN DISSOLVED 06/08/2005	2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable OLSEN CHIROPRACTIC & PERFORMANCE EN 5418 N EAGLE RD #110 1220 N. Meridian Rd BOISE, ID 83713 Meridian, ID 83642	NATHAN D OLSEN 5418 N EAGLE RD #110 1220 N. Meridian Rd BOISE, ID 83713 Meridian, ID 83642 3. New 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 border="0"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>President</td><td>Nathan Olsen</td><td>1220 N. Meridian Rd</td><td>Meridian</td><td>ID</td><td>83642</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Nathan Olsen	1220 N. Meridian Rd	Meridian	ID	83642
Office held	Name	Street or P.O. Address	City	State	Zip									
President	Nathan Olsen	1220 N. Meridian Rd	Meridian	ID	83642									
5. Organized under the laws of: IDAHO C 138244	6. <table border="0"><tr><td>Signature</td><td></td><td>Date</td><td>5/23/07</td></tr><tr><td>Name (Typed or Printed)</td><td>Nathan Olsen</td><td>Title</td><td>President</td></tr></table>		Signature		Date	5/23/07	Name (Typed or Printed)	Nathan Olsen	Title	President				
Signature		Date	5/23/07											
Name (Typed or Printed)	Nathan Olsen	Title	President											

Issued 05/23/2007 by NLB