


No. W 5245	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012		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. DWYER - HARRINGTON, P.L.L.C. DAN E DWYER 5985 W STATE ST BOISE ID 83703		KRISTINA J HARRINGTON 5985 W STATE ST BOISE ID 83703																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Dan E Dwyer, MD</td> <td>5001 N. Quail Summit Way</td> <td>Boise</td> <td>ID</td> <td></td> <td>83703</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kristina J. Harrington, MD</td> <td>5001 N. Quail Summit Way</td> <td>Boise</td> <td>ID</td> <td></td> <td>83703</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Dan E Dwyer, MD	5001 N. Quail Summit Way	Boise	ID		83703	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kristina J. Harrington, MD	5001 N. Quail Summit Way	Boise	ID		83703	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 5245		6. Signature:  Date: <u>10/30/13</u> Name (type or print): <u>Dan Dwyer, MD</u> Title: <u>MANAGING Partner</u>																																				

Issued 10/30/2013 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM