


REINSTATEMENT

FILED EFFECTIVE

<p>No. W 53462</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>FEE DUE \$30.00</p>	<p>Annual Report Form ADMIN DISSOLVED 11/06/2008</p> <p>1. Mailing Address - Correct in this box, if applicable</p> <p>WOMEN'S HEALTH AND WELLNESS PLLC 10650 N SAGE HOLLOW WY BOISE, ID 83714</p>	<p>2. Registered Agent and Office NOT A P.O. BOX</p> <p>RALENE F WIBERG 10650 N SAGE HOLLOW WY BOISE, ID 83714</p> <p>3. <u>New</u> registered agent signature</p>												
<p>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.</p> <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>manager</td> <td>Ralene F Wiberg</td> <td>10650 N Sage Hollow Wy</td> <td>Boise</td> <td>ID</td> <td>83714</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	manager	Ralene F Wiberg	10650 N Sage Hollow Wy	Boise	ID	83714
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manager	Ralene F Wiberg	10650 N Sage Hollow Wy	Boise	ID	83714									
<p>5. Organized under the laws of:</p> <p>IDAHO W 53462</p>	<p>6.</p> <p>Signature  Date <u>11/28/08</u></p> <p>Name (Typed or Printed) <u>Ralene F. Wiberg</u> Title <u>owner</u></p>													

Issued 11/12/2008 by KAH