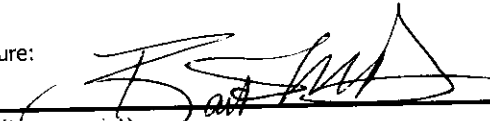


No. <b>C 169632</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BART MCDONALD 1800 FLANDRO DR STE 190 POCA TELLO ID 83202														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> MCDONALD REHAB, PC BART W MCDONALD 1800 FLANDRO DR STE 190 POCA TELLO ID 83202																
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</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>Pres</td> <td>Bart McDonald</td> <td>1800 Flandro Dr</td> <td>#190</td> <td>Poc</td> <td>ID</td> <td>83202</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	Bart McDonald	1800 Flandro Dr	#190	Poc	ID	83202	3. <u>New</u> Registered Agent Signature.
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Pres	Bart McDonald	1800 Flandro Dr	#190	Poc	ID	83202											
5. Organized Under the Laws of:  <b>IDAHO C 169632</b>	6. Signature:  Name (type or print): <u>Bart McDonald</u>		Date: <u>1/22/15</u> Title: <u>Owner</u>														

Issued 01/21/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

Fill in form. Pay special attention to the mailing address. If the