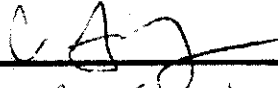


No. C 168959	Reinstatement Annual Report Form ADMIN DISSOLVED 12/05/2007		2. Registered Agent and Office (NOT A P.O. BOX) KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE ID 83702																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BOISE SHOULDER CLINIC, P.A. 101 S CAPITOL BLVD STE 1900 BOISE ID 83702		3. New Registered Agent Signature.																												
REINSTATEMENT FEE DUE: \$30.00																															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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>President,</td> <td>C. Scott Humphrey,</td> <td>8756 W Emerald St, Ste 176,</td> <td>Boise,</td> <td>ID,</td> <td>USA,</td> <td>83704</td> </tr> <tr> <td>Secretary,</td> <td>Currie Humphrey,</td> <td>1425 E Poppy Hills St,</td> <td>Engle,</td> <td>ID,</td> <td>USA,</td> <td>83616</td> </tr> <tr> <td>Director,</td> <td>C. Scott Humphrey,</td> <td>8756 W Emerald St, Ste 176,</td> <td>Boise,</td> <td>ID,</td> <td>USA,</td> <td>83704</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President,	C. Scott Humphrey,	8756 W Emerald St, Ste 176,	Boise,	ID,	USA,	83704	Secretary,	Currie Humphrey,	1425 E Poppy Hills St,	Engle,	ID,	USA,	83616	Director,	C. Scott Humphrey,	8756 W Emerald St, Ste 176,	Boise,	ID,	USA,	83704
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5. Organized Under the Laws of:	6. Signature:  Date: 12/27/07 Name (type or print): Carl Scott Humphrey Title: President																														
IDAHO C 168959																															
Issued 12/26/2007 by LJM																															

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM