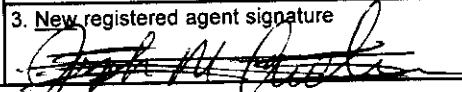


FILED EFFECTIVE

REINSTATEMENT

No. C 100683	Annual Report Form		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	ADMIN DISSOLVED 04/07/2004		JOSEPH M ANDERSON D.O.	
	1. Mailing Address - Correct in this box, if applicable		4581 S 45TH EAST	
	ROCKY MOUNTAIN EMERGENCY MEDICINE,		IDAHO FALLS, ID 83406	
	300 S WOODRUFF 1820 E 17th Street			
	IDAHO FALLS, ID 83403 83402			
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 ☐ Managers or ☐ Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
Pres.	Joseph M Anderson	4584 S 45th E	Idaho Falls	Idaho
				83406
Sec/treas	Mic Anderson	4584 S 45th E	Idaho Falls	Idaho
				83406
member	Tom Smith, CPA	1820 E 17th Street	Idaho Falls	Idaho
				83402
5. Organized under the laws of:		6.		
IDAHO		Signature  Date 4-2-06		
C 100683		Name (Typed or Printed) Joseph M. Anderson Title President		