REINSTATEMENT

FILED EFFECTIVI

W 56514		Annual Report Form ADMIN DISSOLVED 02/06/2008 1. Mailing Address - Correct in this box, if applicable PHYSICIANS ACCOUNT MANAGEMENT, LLC 4172 E 550 N RIGBY, ID 83442		2. Registered Agent and Office NOT A P.O. BOX DARLA COFFEY DAY O Transport		
um to: SECRETARY OF ST 150 N 4th STREET PO BOX 83720	PHYSIC			HIGHY, ID 83442 ROYDWAY ID 834		
BOISE, ID 83720-00 EE DUE \$30.00				New registered agent signature		
Limited Liability Co	mpanies: Enter Names and	resses of President, Secretary and Director Addresses of management. er names and addresses of at least two (2) p Street or P.O. Address 4112 E 550 N 2131 W 4950 S		State ID ID	83442 83442 83440	
Member	David Coffey		Rigby Rexburg	ID ID	83442 83440	
Viember	Ragan Bantı	2132 W 4950S			· _	
Organized under the laws of: IDAHO		6. Signature	Date	3/20	5/08	

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