

No. C 160711	Reinstatement Annual Report Form ADMIN DISSOLVED 08/10/2011		2. Registered Agent and Office (NOT A P.O. BOX) JOHN D CRITES MD 3098 STARVIEW DR BOISE ID 83712			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CRITERION PROFESSIONAL SERVICES, P.C. JOHN D CRITES MD 3098 STARVIEW DR BOISE ID 83712 USA		3. <u>New</u> Registered Agent Signature.			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	John D Crites	3098 Starview Dr,	Boise	ID	USA	83712
5. Organized Under the Laws of: IDAHO C 160711		6. Signature: <i>[Signature]</i> Date: <i>9/21/2011</i> Name (type or print): <i>John Crites MD</i> Title: <i>President</i>				
Issued 09/07/2011 by LJC						