

01/19/2010 11:59 FAX 334 2084

Idaho Secretary **FILED EFFECTIVE**

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Reinstatement for W 51807

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No. W 51807 Reinstatement Annual Report Form ADMIN DISSOLVED 09/04/2008		2. Registered Agent and Office (NOT A P.O. BOX) BEVERLY A HALL 603 UNION AVE FILER ID 83328	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0780 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. LIFESPAN PRIMARY CARE LLC BEVERLY A HALL 550 Polk St. TWIN FALLS ID 83301	
3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Office Held	Name	Street or PO Address	City State Country Postal Code
Owner/Member	Beverly Hall	550 Polk St.	Twin Falls ID 83301
5. Organized Under the Laws of:			
IDAHO W 51807		Signature: <i>Beverly A. Hall</i> Name (type or print): Beverly A Hall	Date: 01-19-10 Title: OWNER
Issued 01/19/2010 by DK1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a ~~new~~ registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.