

No. C 122184	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX) BRADLEY FOWLER 2207 IRONWOOD PL COEUR D'ALENE ID 83814																					
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. ASSOCIATED INTERNAL MEDICINE, P.A. BRADLEY FOWLER 2207 IRONWOOD PL COEUR D'ALENE ID 83814 USA		3. <u>New</u> Registered Agent Signature.																					
REINSTATEMENT FEE DUE: \$30.00																								
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <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>SUSAN M. DAUGHARTY-FOWLER</td> <td>CDA ID (Kootenai Co.)</td> <td></td> <td></td> <td></td> <td>83814</td> </tr> <tr> <td>TREASURER -</td> <td>BRADLEY A. FOWLER</td> <td>2207 IRONWOOD PL</td> <td></td> <td></td> <td></td> <td>83814</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT -	SUSAN M. DAUGHARTY-FOWLER	CDA ID (Kootenai Co.)				83814	TREASURER -	BRADLEY A. FOWLER	2207 IRONWOOD PL				83814
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5. Organized Under the Laws of: IDAHO C 122184		6. Signature: <u>B. Fowler</u> Date: <u>3/18/13</u> Name (type or print): <u>BRADLEY A. FOWLER</u> Title: <u>TREASURER</u>																						
Issued 03/14/2013 by SLD																								