







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney REINSTATEMENT ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$30.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

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Reinstatement Annual Report Form

Select one: Standard, Expedited or Same Day Service (see

descriptions below)

YOST MEDICAL ASSOCIATES, LLC **Current Entity Name**

The file number of this entity on the records of the Idaho Secretary 0000199883

of State is:

Organized under the laws of: **IDAHO**

Entity Type: Limited Liability Company (D)

Entity Subtype:

Limited Liability Company Subtype Limited Liability Company

Entity Name:

YOST MEDICAL ASSOCIATES, LLC Entity name

The registered agent on record is:

Registered Agent AMY H YOST

Registered Agent Physical Address 235 FLUME ST **BOISE, ID 83712** Mailing Address

Standard (filing fee \$30)

The name and street address of the new registered agent and office in Idaho is:

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

The mailing address of the corporation is:

235 N FLUME ST BOISE, ID 83712-6318

Limited Liability Company Managers and Members

Name	Title	Address
AMY H MILLER YOST	Manager	235 FLUME STREET BOISE, ID 83712

The Application for Reinstatement must be signed by at least one governor.

Amy Miller Yost

Sign Here Date

Signer's Title: **PRESIDENT**