

No. W 26383	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2011				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: <i>Correct in this box if needed.</i> MCDONALD THERAPY SERVICES, PLLC BART W. MCDONALD 723 REDMAN ST CHUBBUCK ID 83202			2. Registered Agent and Office (NOT A P.O. BOX) BART W MCDONALD MPT 723 REDMAN ST CHUBBUCK ID 83202-35202	
REINSTATEMENT FEE DUE: \$30.00				3. <u>New Registered Agent Signature.</u>	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name BART W. MCDONALD	Street or PO Address 723 REDMAN ST	City CHUBBUCK	State ID	Country USA Postal Code 83202
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of: IDAHO W 26383		6. Signature:  Name (type or print): Bart W. McDonald			
		Date: 10/20/12			
		Title: President			

Issued 10/11/2012 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM