


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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. 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 83203 83202																																			
		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>BART W. MCDONALD</td><td>723 REDMAN ST</td><td>CHUBBUCK, ID</td><td></td><td>USA</td><td>83202</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BART W. MCDONALD	723 REDMAN ST	CHUBBUCK, ID		USA	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"/>						
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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