


No. C 178760	Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016		2. Registered Agent and Office (NOT A P.O. BOX) JEFF S SWENSON 1125 E 700 N JACKSON ID 83350														
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. SWENSON M.D., INC. JEFF S SWENSON 1125 E 700 N JACKSON ID 83350																
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>treasurer</td> <td>Shalene Swenson</td> <td>1125 E 700 N JACKSON ID 83350</td> <td>Jackson</td> <td>ID</td> <td>USA</td> <td>83350</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	treasurer	Shalene Swenson	1125 E 700 N JACKSON ID 83350	Jackson	ID	USA	83350	3. <u>New</u> Registered Agent Signature.
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
treasurer	Shalene Swenson	1125 E 700 N JACKSON ID 83350	Jackson	ID	USA	83350											
5. Organized Under the Laws of: IDAHO C 178760	6. Signature:  <hr/> Name (type or print): Jeff Swenson			Date: 9-12-16 <hr/> Title: President													