| No. C 100582 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 03/12/2012 | 2. Registered Agent and Office (NOT A P.O. BOX)<br>AUSTIN R. CUSHMAN M.D.<br>901 N CURTIS STE 103<br>BOISE ID 83706 |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed.<br>AUSTIN R. CUSHMAN, M.D., P.A.<br>AUSTIN R. CUSHMAN M.D.<br>901 N CURTIS STE 103<br>BOISE ID 83706 | 3. New Registered Agent Signature. |
| REINSTATEMENT<br>FEE DUE: $30.00 | | |

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| President | Austin R Cushman | 901 N Curtis #103 | Boise | ID | USA | 83706 |

| 5. Organized Under the Laws of: | 6. |
|---|---|
| IDAHO<br>C 100582 | Signature: Austin R. Cushman Date: 3/29/12<br>Name (type or print): AUSTIN R. CUSHMAN Title: PRES. |

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