

No. C 113097	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) DAVID WATT MD 2199 IRONWOOD CENTER DR COEUR D'ALENE ID 83814																					
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. NORTH IDAHO MENTAL HEALTH ASSOCIATES, P.A. WILLIAM H MILLER JR. <i>Bruce K. Michalski, MD</i> 2199 IROWOOD CENTER DR COEUR D'ALENE ID 83814		3. New Registered Agent Signature: <i>Bruce K. Michalski, MD</i> 2199 Ironwood Center Dr Coeur d'Alene, ID 83814																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Office Held</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td><i>President</i></td> <td><i>Bruce K. Michalski, MD</i></td> <td><i>2199 Ironwood Center Dr</i></td> <td><i>Coeur d'Alene</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83814</i></td> </tr> <tr> <td><i>Sec-Treasurer</i></td> <td><i>David B. Warr, MD</i></td> <td><i>" "</i></td> <td><i>"</i></td> <td><i>"</i></td> <td><i>"</i></td> <td><i>"</i></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>President</i>	<i>Bruce K. Michalski, MD</i>	<i>2199 Ironwood Center Dr</i>	<i>Coeur d'Alene</i>	<i>ID</i>	<i>USA</i>	<i>83814</i>	<i>Sec-Treasurer</i>	<i>David B. Warr, MD</i>	<i>" "</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>
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5. Organized Under the Laws of: IDAHO C 113097		6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;">Signature: <i>[Signature]</i></td> <td style="width: 30%;">Date: <i>6/27/11</i></td> </tr> <tr> <td>Name (type or print): <i>Bruce K. Michalski, MD</i></td> <td>Title: <i>President</i></td> </tr> </table>		Signature: <i>[Signature]</i>	Date: <i>6/27/11</i>	Name (type or print): <i>Bruce K. Michalski, MD</i>	Title: <i>President</i>																	
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Issued 03/29/2011 by PEH																								