



0004099564

**STATE OF IDAHO***Office of the secretary of state, Lawerence Denney***REINSTATEMENT ANNUAL REPORT**

Idaho Secretary of State
 PO Box 83720
 Boise, ID 83720-0080
 (208) 334-2301
 Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0004099564

Date Filed: 12/14/2020 10:31:54 AM

Reinstatement Annual Report Form								
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$30)							
Current Entity Name	3 RIVERS HEALTH CENTER LLC							
The file number of this entity on the records of the Idaho Secretary of State is:	0000325747							
Organized under the laws of:	IDAHO							
Entity Type:	Limited Liability Company (D)							
Entity Subtype:	Limited Liability Company							
Limited Liability Company Name:	3 RIVERS HEALTH CENTER LLC							
Limited Liability Company name								
The registered agent on record is:	<p>Registered Agent KARIE A JONAK Registered Agent Physical Address 1421 1ST ST IDAHO FALLS, ID 83401 Mailing Address</p>							
Agent or Address Change?	<p><input checked="" type="checkbox"/> Appoint new agent (address change not available).</p>							
The name and street address of the new registered agent and office in Idaho is:								
Registered Agent	<p>Registered Agent Karie A Jonak Physical Address: DR KARIE JONAK 2785 EAGLE DR. APT D304 AMMON, ID 83406 Mailing Address: DR KARIE JONAK 2785 EAGLE DR APT D304 AMMON, ID 83406-5726</p>							
<p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p>								
The mailing address of the corporation is:								
2410 E 25TH ST IDAHO FALLS, ID 83404-7549								
Limited Liability Company Managers and Members								
<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>+ Karie A Jonak</td> <td>Manager</td> <td>2785 EAGLE DR. APT D304 AMMON, ID 83406</td> </tr> </tbody> </table>			Name	Title	Address	+ Karie A Jonak	Manager	2785 EAGLE DR. APT D304 AMMON, ID 83406
Name	Title	Address						
+ Karie A Jonak	Manager	2785 EAGLE DR. APT D304 AMMON, ID 83406						
The Application for Reinstatement must be signed by at least one governor.								

B0561-5964 12/14/2020 10:31 AM Received by ID Secretary of State Lawerence Denney



Karie A Jonak

Sign Here

12/14/2020

Date

Job Title:

Manager