## REINSTATEMENT

No. W 32997			Annual Report Form ADMIN DISSOLVED 12/09/2005			2. Registered Agent and Office NOT A P.O. BOX		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  FEE DUE \$30.00  1. Mailing Addres IPC MANAG			1. Mailing Address - Correct in this box, if applicable			J THOMAS GRISSOM MD 504 MAIN ST STE 360		
			IPC MANAGEMENT C			LEWISTON, ID 83501		
			504 MAIN ST STE 360 2 F4 / Juniper DR					
			LEWISTON, ID 83501	ID 83501			3. New registered agent signature	
4.	Corporations: Enter	Names and E	Business Addresses of President Residence and Addresses of	ident, Secretary and Direct Managers of Limiters	ctors pers (check one		, <u>2</u>	
\$	office held	<u>Name</u>	Street	or P.O. Address			350	Zip
	000					93		
	Office held Member	Name	inders, M.D.	Street	City	State 9	Zip_	
	Member		as Grissom, M.D.	2841 Juniper Dr 2841 Juniper Dr	Lewiston Lewiston	Idaho	<b>835</b> 01 <b>835</b> 01	*
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Org	anized under the lav		6. Signature			Date	9/1	106
W 32997 Name 9								
le	sued 01/30/2006	S by MOd		<del></del>				