

No. <b>W 37067</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/05/2010</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> GINA HARRIS 2511 N 6000 W REXBURG ID 83440			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GINA HARRIS MPT LLC GINA HARRIS 2511 N 6000 W REXBURG ID 83440		3. New Registered Agent Signature.			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member		Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Gina Harris	2511 N 6000 W	Rexburg	ID	USA	83440
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		William Bart Harris	2511 W 6000 W	Rexburg	ID	USA	83440
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of:		6.					
IDAHO W 37067		Signature: <u>Gina Harris MPT</u>		Date: <u>1/17/13</u>			
		Name (type or print): <u>Gina Harris</u>		Title: <u>MPT</u>			
Issued 01/17/2013 by CLH							

ANS FOR THE IDAHO ANNUAL REPORT FORM