No. W 119297	Reinstatement Annual Report Form ADMIN DISSOLVED 02/14/2014	2. Registered Agent and Office (NOT A P.O. BOX) MARK D COLAFRANCESCHI D.C. 323 DEINHARD LN STE B MCCALL ID 83638
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. DR. COLA'S CLINIC PLLC 323 DEINHARD LN STE B MCCALL ID 83638	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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 ☒ Member ☐	Mark ColaFrancesch	323 Deinhard ln	McCall	ID	USA	83638
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:
IDAHO
W 119297

6.
Signature:
Date: 04-23-14
Name (type or print): Mark D. ColaFrancesch
Title: Owner

Issued 04/23/2014 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM