


**FILED EFFECTIVE**

No. <b>C 181948</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>														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> MCKEE ORTHOPEDICS AND SPORTS MEDICINE, P.A. <del>562 SHOUP AVE WEST</del> TWIN FALLS ID 83301  <b>161 5th Ave S Ste 200</b> <b>Twin Falls ID 83301</b>		ROHN TYLER MCKEE <del>696 WHITE PINE DR</del> <b>2664 E. 4000 N.</b> TWIN FALLS ID 83301														
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>President</td><td>Rohn Tyler McKee</td><td>4000 N 2664 E</td><td>Twin Falls</td><td>ID</td><td>Twin Falls</td><td>83301</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Rohn Tyler McKee	4000 N 2664 E	Twin Falls	ID	Twin Falls	83301
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Rohn Tyler McKee	4000 N 2664 E	Twin Falls	ID	Twin Falls	83301											
5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 181948</b>	6. Signature:  Name (type or print): <b>R. Tyler McKee</b>			Date: <b>10-15-2012</b> Title: <b>President</b>													
Issued 10/09/2012 by SLD																	