

Reinstatement for C 126207

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No. C 126207	Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) IDALYN CYPRUS 1520 W STATE ST STE 100 BOISE ID 83702																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CAPITAL CITY FAMILY MEDICINE, P.A. IDALYN CYPRUS 1520 W STATE ST STE 100 BOISE ID 83702		3. <u>New</u> Registered Agent Signature.																												
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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>Idalyn Cyprus</td> <td>3201 W. Main Street</td> <td>Boise</td> <td>ID</td> <td>ADA</td> <td>83702</td> </tr> <tr> <td>Secretary</td> <td>Wajeeh Nasser</td> <td>2741 North Woodview</td> <td>Boise</td> <td>ID</td> <td>ADA</td> <td>83702</td> </tr> <tr> <td>Treasurer</td> <td>Laurie Ashby</td> <td>3671 W. Shoshone Blvd</td> <td>Boise</td> <td>ID</td> <td>ADA</td> <td>83702</td> </tr> </tbody> </table> <u>Business Address</u> 1520 W. State Suite 100 Boise, ID 83702 county: ADA				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Idalyn Cyprus	3201 W. Main Street	Boise	ID	ADA	83702	Secretary	Wajeeh Nasser	2741 North Woodview	Boise	ID	ADA	83702	Treasurer	Laurie Ashby	3671 W. Shoshone Blvd	Boise	ID	ADA	83702
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3. Organized Under the Laws of: IDAHO C 126207		6. Signature: <u><i>Idalyn Cyprus</i></u> Date: <u>2/17/10</u> Name (type or print): <u>Idalyn Cyprus, MD</u> Title: <u>MD</u>																													
Issued 02/17/2010 by SL1																															