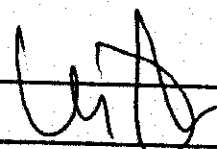
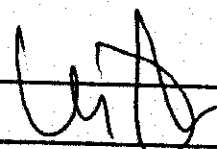
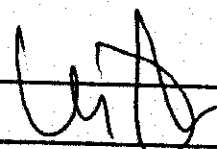


REINSTATEMENT

No. W 38025 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 06/08/2007 1. Mailing Address - Correct in this box, if applicable HOMETOWN HEALTHCARE, PLLC 655 HARVEST DR REXBURG, ID 83440	2. Registered Agent and Office NOT A P.O. BOX CLAY C PRINCE MD 655 HARVEST DR REXBURG, ID 83440 3. New registered agent signature										
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager Member</td> <td>Clay Prince</td> <td>655 Harvest Drive</td> <td>Rexburg</td> <td>83440</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	Zip	Manager Member	Clay Prince	655 Harvest Drive	Rexburg	83440
Office held	Name	Street or P.O. Address	City	Zip								
Manager Member	Clay Prince	655 Harvest Drive	Rexburg	83440								
5. Organized under the laws of: IDAHO W 38025	6. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td></td> <td>9/25/07</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>CLAY PRINCE</td> <td>Manager</td> </tr> </table>		Signature	Date		9/25/07	Name (Typed or Printed)	Title	CLAY PRINCE	Manager		
Signature	Date											
	9/25/07											
Name (Typed or Printed)	Title											
CLAY PRINCE	Manager											

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