

No. C 135607	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) NICHOLE THOMASON 7824 N RIVERFRONT DRIVE IDAHO FALLS ID 83401																					
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. JAMES C. THOMASON, D. M. D., P.A. NICHOLE THOMASON 859 S YELLOWSTONE HWY STE 2901 REXBURG ID 83440 USA		3. New 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>Pres</td> <td>James C Thomason</td> <td>7824 N. Riverfront Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td></td> <td>83401</td> </tr> <tr> <td>Sec</td> <td>Nichole K Thomason</td> <td>7824 N. Riverfront Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td></td> <td>83401</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	James C Thomason	7824 N. Riverfront Dr.	Idaho Falls,	ID		83401	Sec	Nichole K Thomason	7824 N. Riverfront Dr.	Idaho Falls,	ID		83401
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5. Organized Under the Laws of: IDAHO C 135607		6. Signature: <u>Nichole Thomason</u> Date: <u>12/20/10</u> Name (type or print): <u>Nichole K Thomason</u> Title: <u>Sec</u>																						
Issued 12/20/2010 by J.L																								