



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only

Return completed form to:

Idaho - **FILED** - State

Attn: Reinstatements

File #: 0004708065

450 North 4th Street

Date Filed: 4/20/2022 11:22:00 AM

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 477978

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 10/15/2015

Formation Locale: ID

Name and Mailing Address:

COMPREHENSIVE HEALTH ASSOCIATES PLLC

1107 N 9TH ST

BOISE, ID 83702-4209

(1) Add or Change Mailing Address:

COMPREHENSIVE HEALTH ASSOCIATES PLLC
25374 W. DEEP CANYON DR.
STAR, IDAHO, 83669

Registered Agent (RA) and Registered Office (RO) Address:

BRADLEY C WROBEL

1107 N 9TH ST

BOISE, ID 83702

(2) Change RA and/or RO Address:

BRADLEY C. WROBEL
25374 W. DEEP CANYON DR.
STAR, IDAHO, 83669

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	BRADLEY C. WROBEL	25374 W. DEEP CANYON DR.	STAR, IDAHO, 83669
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	ANANDA Jo SMITH	"	"
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(5) Signature:

(6) Date:

4/20/2022

(7) Type/Print Name:

Brad C. Wrobel

(8) Title:

Manager

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.

Sign and date this form and return to the address provided above.

B06936-1613 04/20/2022 11:22 AM Received by ID Secretary of State Lawrence Denney