No. W 61797

Return to:
SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080

REINSTATEMENT
FEE DUE: $30.00

Reinstatement Annual Report Form
ADMIN DISSOLVED 07/08/2010

1. Mailing Address: Correct in this box if needed.

MICKELSEN NURSING SERVICES, PLLC

4229 EAST 410 NORTH
RIGBY ID 83442

2. Registered Agent and Office **(NOT A P.O. BOX)**
MICHAEL SCOTT MICKELSEN
4229 EAST 410 NORTH
RIGBY ID 83442

3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER-MEMBER	MICHAEL S. MICKELSEN	4229 EAST 410 NORTH	RIGBY	ID		83442

5. Organized Under the Laws of:

IDAHO
W 61797

6.
Signature: M. Scott Mickelsen Date: 1-26-

Name (type or print): MICHAEL S. MICKELSEN Title: PRES.

Issued 01/10/2011 by CLH