No. W 23950	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011	2. Registered Agent and Office (NOT A P.O. BOX) TERESA K JOHNSON MD 1995 E 17TH STREET STE 5 IDAHO FALLS ID 83404
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TOTAL FAMILY MEDICINE PLLC TERESA K JOHNSON 1995 E 17TH STREET STE 5 IDAHO FALLS ID 83404 USA	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager (Member) (circle one)	Teresa K. Johnson MD	1995 E. 17th Street, Ste 5	Idaho Falls, ID			83404

5. Organized Under the Laws of:

IDAHO
W 23950

6.

Signature: Teresa K Johnson MD Date: 7/18/11

Name (type or print): Teresa K Johnson MD Title: Owner

Issued 07/18/2011 by JL1