

No. <b>W 62923</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/06/2009</b>		2. Registered Agent and Office (NOT A P.O. BOX) AMY H YOST <del>505 LOGAN ST</del> <b>235 Flume St</b> BOISE ID 83712			
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  YOST MEDICAL ASSOCIATES, LLC <b>235 FLUME ST.</b> <del>505 LOGAN ST</del> BOISE ID 83712		3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
OWNER	Amy Yost	235 Flume	Boise	Id	Ida	83712
5. Organized Under the Laws of:					6.	
IDAHO W 62923					Signature: <u>Amy Yost</u> Date: <u>9-12-09</u> Name (type or print): <u>Amy YOST</u> Title: <u>Owner</u>	
Issued 09/17/2009 by SLD						