

No. <b>C 185485</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/12/2012</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) CHAD COLVIN 3403 E 4070 N KIMBERLY ID 83341	
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.  TWIN FALLS EMERGENCY PHYSICIANS, P.A. CHAD COLVIN 3403 E 4070 N KIMBERLY ID 83341 USA		3. <u>New</u> Registered Agent Signature.	

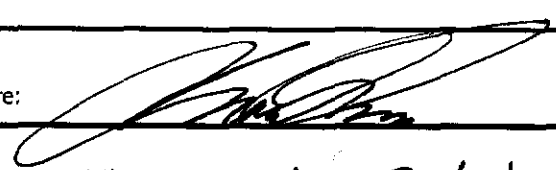
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.
 

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Chad Colvin	3403 E 4070 N	Kimberly	ID	USA	83341

5. Organized Under the Laws of:  
  

**IDAHO**  
**C 185485**

6.
 

Signature:   


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 Name (type or print): Chad Colvin

Date: 4/4/12  
  
 Title: President

Issued 03/29/2012 by SLD