


No. <b>W 114314</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/12/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JEFF PERRINS 1101 S OWYHEE ST BOISE ID 83705
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> WOLFER MEDICAL, LLC 1101 S OWYHEE ST BOISE ID 83705		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jeff Perrins 1101 S. Owyhee St Boise ID US 83705		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Julie Anderson 1101 S. Owyhee St. Boise ID US 83705		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 114314</b> </div>		6. Signature: <u></u> Name (type or print): <u>Jeff Perrins</u>  Date: <u>11/3/14</u> Title: <u>11/3/14</u>	
Issued 11/03/2014 by JLI <b>INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM</b>			