FILED EFFECTIVE

No. C 43599	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009	2. Registered Agent and Office (NOT A P.O. BOX) ROHN HOLLMAN 393 EAST SECOND NORTH REXBURG ID 83440
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. REXBURG MEDICAL CENTER PROFESSIONAL ASSOCIATION C JEFFREY ZOLLINGER ~~PO BOX 890~~ 393 E 2nd N REXBURG ID 83440	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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
Pres;	C. Jeffrey Zollinger	950 Greenhaven	Rexburg	ID	USA	83440
Vice Pres-	Mary Zollinger	950 Greenhaven	Rexburg	ID	USA	83440

5. Organized Under the Laws of:	6.
IDAHO C 43599	Signature: Rohn Holman Date: 7/16/09 Name (type or print): Rohn Holman Title: mgr

Issued 07/16/2009 by KAH