| No. W 66316 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 11/05/2009 | 2. Registered Agent and Office (NOT A P.O. BOX)<br>LOUIS KRAMI<br>98 POPLAR ST<br>BLACKFOOT ID 83221 |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed.<br>BMH PHYSICIANS CLINIC, LLC<br><br>98 POPLAR ST<br>BLACKFOOT ID 83221 | 3. New Registered Agent Signature. |
| REINSTATEMENT<br>FEE DUE: $30.00 | | |

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

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| President | Louis KRAMI | 98 POPLAR ST | BLACKfoot | ID | USA | 83221 |
| MANAGER | John Fallmer | 98 Poplar St | BLACKfoot | ID | USA | 83221 |
| Sec/TREAS | Jeff DANIELS | 98 Poplar St | BLACKfoot | ID | USA | 83221 |
| MANAGER | ADAM WRAY, DO | 98 Poplar St | BLACKfoot | ID | USA | 83221 |
| MANAGER | TIMOTHY WOODS, MD | 98 POPLAR ST | BLACKfoot | ID | USA | 83221 |

| 5. Organized Under the Laws of: | 6. |
|---|---|
| IDAHO<br>W 66316 | Signature: Jeffery Daniels Date: 12/23/09<br>Name (type or print): Jeffery Daniels Title: Sec/Treas |

Issued 12/23/2009 by SLD

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**