

No. C 188791	Reinstatement Annual Report Form ADMIN DISSOLVED 01/13/2012		2. Registered Agent and Office (NOT A P.O. BOX) SANDRA A THOMPSON 130 W HORIZON DR BOISE ID 83702	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PAIN CENTER, INC. (THE) SANDRA A THOMPSON 130 W HORIZON DR BOISE ID 83702		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
Pres	Sandra A Thompson	130 W Horizon Dr	Boise	ID	83702

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO C 188791 </div>	6. <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;">Signature: <i>Sandra A Thompson</i></td> <td style="border-bottom: 1px solid black; width: 30%;">Date: 2/6/12</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name (type or print): Sandra A Thompson</td> <td style="border-bottom: 1px solid black;">Title: Owner</td> </tr> </table>	Signature: <i>Sandra A Thompson</i>	Date: 2/6/12	Name (type or print): Sandra A Thompson	Title: Owner
Signature: <i>Sandra A Thompson</i>	Date: 2/6/12				
Name (type or print): Sandra A Thompson	Title: Owner				

Issued 01/30/2012 by SLD