

FILED EFFECTIVE

REINSTATEMENT

No. C 140469	Annual Report Form ADMIN DISSOLVED 11/08/2004		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1 Mailing Address Correct in this box, if applicable		DR BRUCE G TOLMAN 782 S WOODRUFF AVE																			
	IDAHO FOOT CENTER, P.C. DR BRUCE G TOLMAN 782 S WOODRUFF AVE IDAHO FALLS, ID 83401		IDAHO FALLS, ID 83401 3. New registered agent signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Bruce Tolman</td> <td>384 SPRINGWOOD</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Sec</td> <td>Vicki Tolman</td> <td>384 SPRINGWOOD</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Bruce Tolman	384 SPRINGWOOD	IDAHO FALLS	ID	83404	Sec	Vicki Tolman	384 SPRINGWOOD	IDAHO FALLS	ID	83404
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5. Organized under the laws of: IDAHO C 140469		6. Signature <u>Bruce Tolman</u> Date <u>P 10</u> Name (Typed or Printed) <u>Bruce Tolman</u> Title <u>Pres</u>																				

Issued 11/12/2004 by KAH