




No. <b>C 195941</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/16/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SEAN EASON 6163 W CLINTON ST BOISE ID 83704
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> SPECIALTY MED INC. RUSSELL CEPERICH 6163 W CLINTON ST BOISE ID 83704		3. <u>New</u> Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.  

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	RUSSELL CEPERICH	6163 W CLINTON ST	BOISE	ID		AJA 83704

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>C 195941</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>2/11/16</u> </td> </tr> <tr> <td>           Name (type or print):  <u>RUSSELL A. CEPERICH</u> </td> <td>           Title:  <u>PRESIDENT</u> </td> </tr> </table>	Signature: 	Date: <u>2/11/16</u>	Name (type or print): <u>RUSSELL A. CEPERICH</u>	Title: <u>PRESIDENT</u>
Signature: 	Date: <u>2/11/16</u>				
Name (type or print): <u>RUSSELL A. CEPERICH</u>	Title: <u>PRESIDENT</u>				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**