

FILED EFFECTIVE**REINSTATEMENT**

No. C 69355	Annual Report Form ADMIN DISSOLVED 06/05/2008 1. Mailing Address - Correct in this box, if applicable WILLIAM C. FITZHUGH, M.D., P.A. WILLIAM C FITZHUGH M.D. 589 SHOUP AVE. WEST TWIN FALLS, ID 83301	2. Registered Agent and Office NOT A P.O. BOX WILLIAM C FITZHUGH 589 SHOUP AVE. WEST TWIN FALLS, ID 83301 3. New registered agent signature
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0090 FEE DUE \$30.00	<p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners.</p> <p><u>Office held</u> <u>Name</u> <u>Street or P.O. Address</u> <u>City</u> <u>State</u> <u>Zip</u></p> <p>Pres. <i>William Fitzhugh, MD</i> 589 Shoup St. " Twin Falls, ID, 83301 Sec. <i>James Combs, MD</i> " " " " "</p>	
5. Organized under the laws of: IDAHO C 69355	<p>6. Signature <i>William Fitzhugh</i> Date <u>2/27/09</u> Name (Typed or Printed) <i>William Fitzhugh</i> Title <u>Pres</u></p>	