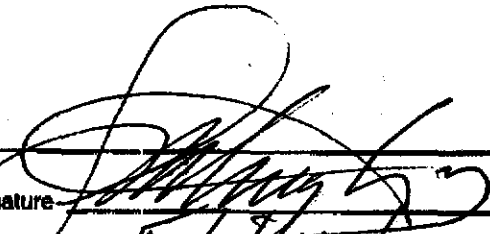


FILED EFFECTIVE REINSTATEMENT

No. C 69355	Annual Report Form ADMIN DISSOLVED 06/05/2008		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	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		WILLIAM C FITZHUGH 589 SHOUP AVE. WEST TWIN FALLS, ID 83301 3. <u>New</u> registered agent signature
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. <u>Office held</u> <u>Name</u> <u>Street or P.O. Address</u> <u>City</u> <u>State</u> <u>Zip</u> <i>Pres. William Fitzhugh, MD</i> <i>589 Shoup W</i> <i>TWIN FALLS</i> <i>ID</i> <i>83301</i> <i>Sec. James Coombs, MD</i> " " " "			
5. Organized under the laws of: IDAHO C 69355	6.  Signature _____ Date <i>2/27/09</i> Name (Typed or Printed) <i>Fitzhugh</i> Title <i>pres</i>		

Issued 2/23/2009 by SL1