

No. <b>W 98522</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 03/12/2012</b>		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	1. Mailing Address: Correct in this box if needed. ALLANTE FAMILY MEDICINE P.L.L.C. 909 S ALLANTE PL BOISE ID 83709		JENIFER GREENE <i>Carrie Thomas</i> 3839 MILL RD <i>909 S Allante PL</i> EMMETT ID 83617 <i>Boise, Id 83709</i>																																			
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			3. New Registered Agent Signature. <i>Carrie Thomas</i>																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Carrie Thomas</i></td> <td><i>909 S. Allante Pl.</i></td> <td><i>Boise</i></td> <td><i>Id</i></td> <td></td> <td><i>Ada 83709</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Carrie Thomas</i>	<i>909 S. Allante Pl.</i>	<i>Boise</i>	<i>Id</i>		<i>Ada 83709</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 98522</b>	6. Signature: <i>Carrie Thomas</i> Date: <i>5-11-12</i> Name (type or print): <i>Carrie Thomas</i> Title: <i>owner</i>																																					

Issued 05/11/2012 by DK1

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.