


No. W 101455	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DOCTOR MOM'S WHOLESOME HEALTH PLLC LARAMIE WHEELER 5072 BRENNAN BEND IDAHO FALLS ID 83401	LARAMIE WHEELER 5072 BRENNAN BEND IDAHO FALLS ID 83401	3. New Registered Agent Signature.																																
			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>Laramie Wheeler</td><td>5072 Brennan Bend</td><td>IF</td><td>83401</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><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"/>	Laramie Wheeler	5072 Brennan Bend	IF	83401			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: IDAHO W 101455	6. Signature:  Name (type or print): Laramie Wheeler	Date: 8/10/12 Title: Owner																																	

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