

No. C 167782  Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  TIMOTHY J STOKER ST OVER 745 N COLLEGE RD STE C TWIN FALLS ID 83301  905 Shoshone St. N. TWIN FALLS, ID 83301	
	1. Mailing Address: Correct in this box if needed.  INTERMOUNTAIN CARDIOLOGY SERVICES, P.C. DENNIS ENOMOTO MD 688 POLE LINE ROAD, #11 TWIN FALLS ID 83301		3. New Registered Agent Signature.	
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>				
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	Dennis M. ENOMOTO	688 Poleline Rd #11	TWIN FALLS ID USA	83301
Secretary/Treas.	Dennis M. ENOMOTO	688 Poleline Rd #11	TWIN FALLS ID USA	83301
5. Organized Under the Laws of:		6.		
IDAHO C 167782		Signature: <i>Dennis M. Enomoto</i>	Date: 6-22-15	
		Name (type or print): <i>Dennis M. Enomoto</i>	Title: <i>President</i>	
Issued 06/22/2015 by online				

## 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 mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the