

No. C 179960		Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL W FOUTZ 3485 N FORAKER AVE KUNA ID 83634-5166	
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. MICHAEL W. FOUTZ, MD, PA MICHAEL W FOUTZ 9223 S FORAKER AVE KUNA ID 83634-5166		3. New Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
President	Michael W. Foutz	9223 S. Foraker Ave.	Kuna	ID	USA 83634
5. Organized Under the Laws of: 6.					
IDAHO C 179960		Signature: <i>Michael W. Foutz</i>		Date: 12-17-10	
		Name (type or print): Michael W. Foutz		Title: President	
Issued 12/17/2010 by CLH					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM