

No. <b>C 55196</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JEANETTE JONES 302 SOUTH FIRST AVENUE SANDPOINT ID 83864														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SANDPOINT FAMILY MEDICINE, P.A. JEANETTE L JONES 302 SOUTH FIRST AVENUE SANDPOINT ID 83864 USA		3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</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>President -</td> <td>MARK</td> <td>2890 Ponder Point Hearder Drive</td> <td>Sandpoint ID</td> <td></td> <td>USA</td> <td>83864</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President -	MARK	2890 Ponder Point Hearder Drive	Sandpoint ID		USA	83864
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President -	MARK	2890 Ponder Point Hearder Drive	Sandpoint ID		USA	83864											
5. Organized Under the Laws of:  <b>IDAHO C 55196</b>	6. Signature: <u>Mark A. Hearder, M.D.</u> Name (type or print): <u>MARK HEARDER</u> <u>Jeanette Jones</u>			Date: <u>9/23/14</u> <u>8/7/14</u> Title: <u>Owner/President</u> <u>Manager</u>													

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**