

## REINSTATEMENT

FILED/EFFECTIVE

No. <b>W 8745</b>	<b>Annual Report Form</b> ADMIN DISSOLVED 08/07/2002		2. Registered Agent and Office NOT A P.O. BOX														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable  RIGBY FAMILY MEDICAL CENTER, P.L.L. BRYAN D HAMMAR 182 S CLARK ST  RIGBY, ID 83442		BRYAN D HAMMAR 182 S CLARK ST  RIGBY, ID 83442														
<b>FEE DUE \$30.00</b>			3. <u>New</u> registered agent signature														
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors            Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)</p> <table> <tr> <td><u>Office held</u></td> <td><u>Name</u></td> <td><u>Street or P.O. Address</u></td> <td><u>City</u></td> <td><u>State</u></td> <td><u>Zip</u></td> </tr> <tr> <td>owner</td> <td>Bryan D. Hammar</td> <td>- 182 S. Clark St.</td> <td>Rigby</td> <td>Id</td> <td>83442</td> </tr> </table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	owner	Bryan D. Hammar	- 182 S. Clark St.	Rigby	Id	83442
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
owner	Bryan D. Hammar	- 182 S. Clark St.	Rigby	Id	83442												
5. Organized under the laws of:  IDAHO W 8745	6. Signature <u>B. HAMMAR</u> Name (Typed or Printed) <u>Bryan D. Hammar</u> Date <u>8/15/02</u> Title <u>owner</u>																

Issued 08/12/2002