

No. C 160711	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012																				
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  CRITERION PROFESSIONAL SERVICES, P.C. JOHN D CRITES MD 3098 STARVIEW DR BOISE ID 83712 USA					2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOHN D CRITES MD 3098 STARVIEW DR BOISE ID 83712															
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>						3. New Registered Agent Signature.															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="0"> <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> <tr> <td>President</td> <td>John Crites</td> <td>3098 STARVIEW DR, Boise, ID, USA</td> <td></td> <td></td> <td></td> <td>83712</td> </tr> </table>								Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	John Crites	3098 STARVIEW DR, Boise, ID, USA				83712
Office Held	Name	Street or PO Address	City	State	Country	Postal Code															
President	John Crites	3098 STARVIEW DR, Boise, ID, USA				83712															
5. Organized Under the Laws of:  IDAHO C 160711	6. Signature: <u>John Crites, MD</u> Name (type or print): <u>John Crites, MD</u>					Date: <u>2/26/2013</u> Title: <u>President</u>															
Issued 01/25/2013 by DK1																					

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM