

No. C 160711	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) JOHN D CRITES MD 3098 STARVIEW DR BOISE ID 83712														
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		3. <u>New</u> Registered Agent Signature.														
REINSTATEMENT FEE DUE: \$30.00																	
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>John Crites</td> <td>3098 STARVIEW DR,</td> <td>Boise,</td> <td>ID.</td> <td>USA</td> <td>83712</td> </tr> </tbody> </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> Date: <u>2/26/2013</u> Name (type or print): <u>John Crites, MD</u> Title: <u>President</u>																

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM