No. C 144729	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009	2. Registered Agent and Office (NOT A P.O. BOX) STEVEN J WRIGHT 477 SHOUP AVE STE 109 IDAHO FALLS ID 83402
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. MEDICAL PSYCHOTHERAPY, P.C. PHILIP GIRLING C/O Steven J Wright, Esq. PO Box 50578 Idaho Falls, ID 83405-0578	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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	Philip Girling, MD	1306 E. 17th St.	Idaho Falls	ID	BONN	83404

5. Organized Under the Laws of:	6.
IDAHO C 144729	Signature: [signature] Date: 10/20/09 Name (type or print): Philip Girling Title: President

Issued 10/19/2009 by SLA

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Notes: The office of the registered agent must be at a street address in Idaho; cannot be a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. Note: Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.