

No. C 154886	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS D MCKIM MD 900 N LIBERTY STE 300 BOISE ID 83704				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ADA PLASTIC AND RECONSTRUCTIVE SURGERY, INC. THOMAS D MCKIM 900 N LIBERTY STE 300 BOISE ID 83704		3. <u>New</u> Registered Agent Signature.				
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.							
	Office Held	Name	Street or PO Address	City	State	Country	Postal Code
	President	Thomas D McKim	900 N. Liberty St 300	Boise	ID	USA	83704
	Secretary	"	"	"	"	"	"
	Director	"	"	"	"	"	"
	Treasurer	"	"	"	"	"	"
	Vice President	"	"	"	"	"	"
5. Organized Under the Laws of: IDAHO C 154886		6. Signature: <u>Thomas D. McKim MD</u> Name (type or print): <u>Thomas D. McKim</u>		Date: <u>11-1-2013</u> Title: <u>President</u>			
Issued 10/29/2013 by SLD							