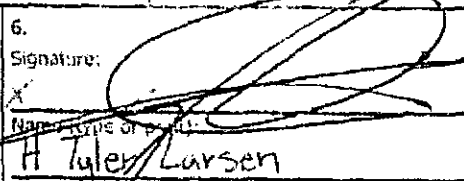


11/3/2017

W 154064

No. W 154064	Reinstatement Annual Report Form ADMIN DISSOLVED 10/27/2017		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. GORILLA FISH HEALTHCARE PLLC H TYLER LARSEN 977 WHISPERING PINE DR 149 THIRD AVE E TWIN FALLS ID 83301		H TYLER LARSEN 977 WHISPERING PINE DR TWIN FALLS ID 83301 149 THIRD AVE E TWIN FALLS, ID 83301																																			
			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>H TYLER LARSEN</td> <td>149 THIRD AVE E,</td> <td>TWIN FALLS</td> <td>ID</td> <td>USA</td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	H TYLER LARSEN	149 THIRD AVE E,	TWIN FALLS	ID	USA	83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 154064		6. Signature:  Name: <u>H Tyler Larsen</u> Title: <u>Member</u> Date: <u>11-3-17</u>																																				

Issued 11/03/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the address is incorrect in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the