

No. W 52424	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201																												
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. IDAHO DOCTORS' HOSPITAL, PLLC AMY PARSLow 285 VISTA DRIVE POCATELLO ID 83201		3. New Registered Agent Signature.																												
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <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>manager</td><td>Scott Huneycutt</td><td>285 Vista Dr</td><td>Pocatello,</td><td>Id</td><td></td><td>83201</td></tr><tr><td>manager</td><td>Clark Allen</td><td>285 Vista Dr</td><td>Pocatello,</td><td>Id</td><td></td><td>83201</td></tr><tr><td>manager</td><td>Stephen Marano</td><td>1975 Martha Ave Ste A</td><td>Idaho Falls,</td><td>Id</td><td></td><td>83404</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	manager	Scott Huneycutt	285 Vista Dr	Pocatello,	Id		83201	manager	Clark Allen	285 Vista Dr	Pocatello,	Id		83201	manager	Stephen Marano	1975 Martha Ave Ste A	Idaho Falls,	Id	
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5. Organized Under the Laws of: IDAHO W 52424	6. <table border="1"><tr><td data-bbox="527 1139 1203 1184">Signature: </td><td data-bbox="1203 1139 1377 1184">Date: 10/13/10</td></tr><tr><td data-bbox="527 1184 1203 1251">Name (type or print): Clark Allen</td><td data-bbox="1203 1184 1377 1251">Title: manager</td></tr></table>					Signature: 	Date: 10/13/10	Name (type or print): Clark Allen	Title: manager																						
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