

No. <b>W 7742</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DAVID B BETTIS, M.D. 502 OLD SAYBROOK DR BOISE ID 83706																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> PEDIATRIC NEUROLOGY OF IDAHO, PLLC DAVID BETTIS 502 OLD SAYBROOK DR BOISE ID 83706 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>David Bettis</td> <td>502 Old Saybrook Drive</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83706</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	David Bettis	502 Old Saybrook Drive	Boise	ID	USA	83706	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:  <div style="text-align: center; font-weight: bold;">IDAHO W 7742</div>	6. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>David B. Bettis</u></td> <td style="width: 30%;">Date: <u>3-8-2017</u></td> </tr> <tr> <td>Name (type or print): <u>David B. Bettis</u></td> <td>Title: <u>Manager</u></td> </tr> </table>			Signature: <u>David B. Bettis</u>	Date: <u>3-8-2017</u>	Name (type or print): <u>David B. Bettis</u>	Title: <u>Manager</u>																															
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### 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 correct mailing 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.