

REINSTATEMENT

FILED EFFECTIVE

No. W 8745	Annual Report Form ADMIN DISSOLVED 08/09/2004	2. Registered Agent and Office NOT A P.O. BOX BRYAN D HAMMAR 187 EAST 1ST SOUTH RIGBY, ID 83442
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	RIGBY FAMILY MEDICAL CENTER, P.L.L. BRYAN D HAMMAR 182 S CLARK ST RIGBY, ID 83442	3. <u>Now</u> registered agent signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)		
<u>Office held</u> Owner	<u>Name</u> Bryan D. Hammar	<u>Street or P.O. Address</u> 167 E. 1st S.
	<u>City</u> Rigby	<u>State</u> ID
	<u>Zip</u> 83442	
W 8745		
5. Organized under the laws of: IDAHO W 8745	6. Signature <u>Bryan D. Hammar</u> Date <u>9-11-04</u> Name (Typed or Printed) <u>Bryan D. Hammar</u> Title <u>Owner/member</u>	

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