

REINSTATEMENT

No. C 74015	Annual Report Form ADMIN DISSOLVED 01/05/2006	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box if applicable UROLOGY, P.A. 333 NORTH FIRST STREET #100 BOISE, ID 83702	TODD M WALDMANN 333 N 1ST SUITE 100 BOISE, ID 83702
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		3. New registered agent signature
5. Organized under the laws of: IDAHO C 74015	6. Signature <u>MAYA E KLINE</u> Date <u>1-17-06</u> Name (Typed or Printed) <u>MAYA E KLINE</u> Title <u>DBA: ic Manager</u>	

Issued 01/10/2006 by SLD