

Reinstatement for C 171039

FILED EFFECTIVE

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No. C 171039	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) TINA MCGUFFEY 119 N WARDWELL EMMETT ID 83617																												
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. BLACK CANYON FAMILY MEDICINE, P.C. 119 N WARDWELL EMMETT ID 83617		3. New Registered Agent Signature.																												
	4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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>President</td><td>Tina McGuffey</td><td>119 N Wardwell</td><td>Emmett</td><td>ID</td><td>USA</td><td>83617</td></tr><tr><td>Treasurer</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Secretary</td><td>Brett Mumford</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Tina McGuffey	119 N Wardwell	Emmett	ID	USA	83617	Treasurer							Secretary	Brett Mumford				
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5. Organized Under the Laws of: IDAHO C 171039	6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>4/15/10</td></tr><tr><td>Name (type or print):</td><td>Tina McGuffey</td><td>Title:</td><td>President</td></tr></table>				Signature:		Date:	4/15/10	Name (type or print):	Tina McGuffey	Title:	President																			
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