




No. W 119561	Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014		2. Registered Agent and Office (NOT A P.O. BOX) JENNIFER KIRKHAM 1760 N MITCHELL ST 3330 Meridian Rd Ste 150 BOISE ID 83704 Meridian, ID 83646																												
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. KIRKHAM HEALTH SERVICES LLC PO BOX 196434 3330 Meridian Rd Suite 150 BOISE ID 83719 Meridian, ID 83646		3. <u>New</u> Registered Agent Signature.																												
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																															
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																					
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 119561 </div>		6. <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 12-8-16 </td> </tr> <tr> <td> Name (type or print): Jen Kirkham </td> <td> Title: Member </td> </tr> </table>		Signature: 	Date: 12-8-16	Name (type or print): Jen Kirkham	Title: Member																								
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Issued 12/08/2016 by online																															