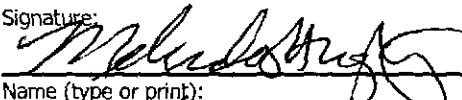


No. <b>W 95417</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/03/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MELINDA HUGHES <del>104 EAST FAIRVIEW #273</del> <del>MERIDIAN ID 83642</del> 8305 W. Northview Boise, ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> HUGHES HEALTH PLLC MELINDA HUGHES <del>104 EAST FAIRVIEW AVE #273</del> <del>MERIDIAN ID 83642 USA</del> 8305 W. Northview Boise, ID 83704		3. <u>New</u> Registered Agent Signature.
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Melinda Hughes 8305 W. Northview Boise ID <del>USA</del> 83704		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ronald Hughes 8305 W. Northview Boise ID <del>USA</del> 83704		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 95417           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature:             Name (type or print): <u>Melinda S Hughes</u> </div> <div style="width: 35%; text-align: right;">           Date: <u>5/14/18</u>            Title: <u>owner/mgr</u> </div> </div>	
Issued 05/14/2018 by JLI			