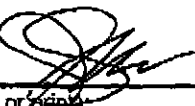


C 122399

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No. C 122399		Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018		2. Registered Agent and Office (NOT A P.O. BOX) JARED LAMPH 1515 E CLARK ST POCATELLO ID 83201	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO PROSTHETICS AND ORTHOTICS, INC. JARED F LAMPH 1515 E CLARK ST POCATELLO ID 83201 USA		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
Pres.	Jared F. Lamph	3698 Autumnwood Dr.	Idaho Falls,	ID	83406
Sec.	Karissa J. Lamph	3698 Autumnwood Dr.	Idaho Falls,	ID	83406
5. Organized Under the Laws of:		6.			
IDAHO C 122399		Signature: 		Date: 5-8-2018	
		Name (type or print): Jared F. Lamph		Title: Pres.	
Issued 05/04/2018 by online					