No. C 122399	Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018	2. Registered Agent and Office **(NOT A P.O. BOX)**
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	JARED LAMPH 1515 E CLARK ST POCATELLO ID 83201
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

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. Signature:	Date:
IDAHO C 122399	Name (type or print): Jared F. Lamph	5-8-2018 Title: Pres.

Issued 05/04/2018 by online