REINSTATEMENT

No. C 50830	Annual Report Form ADMIN DISSOLVED 05/06/2002	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **FEE DUE $30.00**	1. Mailing Address - Correct in this box if applicable SMITH CLINIC, P.A. OLIVER D. SMITH, M.D. 825 SOUTH BOULEVARD IDAHO FALLS, ID 83402	~~DOUGLAS P. SMITH~~ Oliver D Smith M.D 825 SOUTH BOULEVARD IDAHO FALLS, ID 83401 3. New registered agent signature

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Pres	Oliver D. Smith MD	825 S. Boulevard	Idaho Falls	~~ID~~	83401
Sec.	Vicki L. Smith	" "	"	"	"
~~Treas~~					

5. Organized under the laws of:
IDAHO
C 50830

6.
Signature Oliver D. Smith Date 1-27-05
Name (Typed or Printed) Oliver D. Smith Title President

Issued 01/19/2005 by SLD