


| No. <b>W 33693</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 01/06/2009</b>                                                                                                                       |                      | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b>                                     |                   |         |                      |      |       |         |             |                                                                             |                |                 |       |       |     |       |                                                                             |                   |                 |       |       |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------|-------------------|---------|----------------------|------|-------|---------|-------------|-----------------------------------------------------------------------------|----------------|-----------------|-------|-------|-----|-------|-----------------------------------------------------------------------------|-------------------|-----------------|-------|-------|-----|-------|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1. Mailing Address: Correct in this box if needed.<br>INTEGRATIVE PALLIATIVE CARE, PLLC<br>KEVIN CLIFFORD MD<br><del>1824 N 19TH ST</del> <b>1818 N 22nd Street</b><br>BOISE ID 83702              |                      | KEVIN CLIFFORD MD<br><del>1824 N 19TH ST</del><br>BOISE ID 83702<br><b>1818 N 22nd Street</b> |                   |         |                      |      |       |         |             |                                                                             |                |                 |       |       |     |       |                                                                             |                   |                 |       |       |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| <b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                    |                      | 3. <u>New</u> Registered Agent Signature.                                                     |                   |         |                      |      |       |         |             |                                                                             |                |                 |       |       |     |       |                                                                             |                   |                 |       |       |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kevin Clifford</td> <td>1818 N 22nd St.</td> <td>Boise</td> <td>Idaho</td> <td>USA</td> <td>83702</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kathleen Clifford</td> <td>1818 N 22nd St.</td> <td>Boise</td> <td>Idaho</td> <td>USA</td> <td>83702</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                    |                      |                                                                                               | Manager or Member | Name    | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Kevin Clifford | 1818 N 22nd St. | Boise | Idaho | USA | 83702 | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Kathleen Clifford | 1818 N 22nd St. | Boise | Idaho | USA | 83702 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name                                                                                                                                                                                               | Street or PO Address | City                                                                                          | State             | Country | Postal Code          |      |       |         |             |                                                                             |                |                 |       |       |     |       |                                                                             |                   |                 |       |       |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Kevin Clifford                                                                                                                                                                                     | 1818 N 22nd St.      | Boise                                                                                         | Idaho             | USA     | 83702                |      |       |         |             |                                                                             |                |                 |       |       |     |       |                                                                             |                   |                 |       |       |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Kathleen Clifford                                                                                                                                                                                  | 1818 N 22nd St.      | Boise                                                                                         | Idaho             | USA     | 83702                |      |       |         |             |                                                                             |                |                 |       |       |     |       |                                                                             |                   |                 |       |       |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                      |                                                                                               |                   |         |                      |      |       |         |             |                                                                             |                |                 |       |       |     |       |                                                                             |                   |                 |       |       |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                    |                      |                                                                                               |                   |         |                      |      |       |         |             |                                                                             |                |                 |       |       |     |       |                                                                             |                   |                 |       |       |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>W 33693</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. Signature: <br>Date: <b>08-27-2015</b><br>Name (type or print): <b>Kevin Clifford</b><br>Title: <b>Manager</b> |                      |                                                                                               |                   |         |                      |      |       |         |             |                                                                             |                |                 |       |       |     |       |                                                                             |                   |                 |       |       |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not