No. W 84817	Reinstatement Annual Report Form	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 REINSTATEMENT FEE DUE: \$30.00	ADMIN DISSOLVED 10/04/2016 1. Mailing Address: Correct in this box if needed. BENNETT MOUNTAIN EMERGENCY PHYSICIANS, LLC DENNIS DAN CROSSLEY PO BOX 1019- 21 70 Bell Country CD MOUNTAIN HOME ID 83647	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA FILED 3. New Registered Agent Signature.
Manager or Member Manager Member D	Companies: Enter Names and Addresses of Managers Name Street or PO Address City ennis Dan Crossley 2170 Bell Coun mo arl DISON PO BOX 1019 Ma	State Country Postal Code try Court 454 83647 untain Home ID
5. Organized Under the Lan IDAHO W 84817 ISSUED 12/30/2016 by online	Signature: Dan Crossley r Name (type or print): D. Dan Crossley m	Date: 12/29/2016 Title: Manager