REINSTATEMENT

No. W 8980	Annual Report Form	
Return to:	Annual Report Form ADMIN DISSOLVED 09/05/2007	2. Registered Agent and Office NOT A P.O. BO
SECRETARY OF STATE	1. Mailing Address Correct In this box, if applicable	WAYNE E WRIGHT, M.D.
450 N 4th STREET	WDIOLES HARDEN AND DOX, it applicable	414 SHOUP AVENUE WEST #B
PO BOX 83720	WRIGHT-HARRIS BUILDING L.L.C.	
BOISE, ID 83720-0080	WAYNE E WRIGHT, M.D. 3723 N 2700 E	TWIN FALLS, ID 83301
FEE DUE \$30.00	3/23 N 2/00 E	
	TWIN FALLS, ID 83301	3. New registered agent signed re
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 Corporations: Enter Names a 	and Business Addresses of President, Secretary and Directors	
Limited Liability Companies: E	Enter Names and Addresses of President, Secretary and Directors Partnerships: Enter the Addresses of management.	
I IMMOD and Limited Links a	The state of t	m⊇ N
Nam Nam	Partnerships: Enter names and addresses of at least two (2) partners. Street or P.O. Address KWRIGHT HI4 Shoup AVE W. St. 2d Harris 414 Shoup AVE W. 31	<u>≘</u> ≟ €
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Organized under the laws of:	6.	R 0-0530
Organized under the laws of:		9/14/1/2
Organized under the laws of:	6. Signature	Date
Organized under the laws of:	6. Signature Protect Mark W. Wright	Date 9/14/07 Title Mensey