No. W 113011	Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017	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.** FALL RIVER MEDICAL, P.L.L.C. AUSTIN C GILLETTE 21 WINN DRIVE REXBURG ID 83440 USA	~~MARTIN A MANGAN~~ 5515 N 4000 W REXBURG ID 83440 Austin Gillette FILED
REINSTATEMENT FEE **DUE:** $30.00		3. New Registered Agent Signature. Austin Gillette

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☐	Austin Gillette	5515 N 4000 W	Rexburg	ID	USA	83440
Manager ☒ Member ☐	Kelly Dustin	679 S. 4th E.	Rexburg	ID	USA	83440
Manager ☐ Member ☒	Rachel Gillette	5515 N. 4000 W.	Rexburg,	ID	USA	83440
Manager ☐ Member ☒	~~Alison~~ Dustin	679 S. 4th E.	Rexburg	ID	USA	83440

5. Organized Under the Laws of:	6.
IDAHO W 113011	Signature: Rachel Gillette — Date: 10-26-17 Name (type or print): Rachel Gillette — Title: Member

Issued 10/03/2017 by online