

# REINSTATEMENT

<b>No. W 12630</b>	<b>Annual Report Form</b> <b>ADMIN DISSOLVED 11/09/2006</b>		<b>2. Registered Agent and Office NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE \$30.00</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>		CATHERINE L LINDERMAN MD 5559 N YELLOWSTONE  IDAHO FALLS, ID 83401													
		CATHERINE L. LINDERMAN, M.D., PLLC CATHERINE L LINDERMAN MD 5559 N YELLOWSTONE  IDAHO FALLS, ID 83401		<b>3. New registered agent signature</b>												
<p><b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors</b>                  Limited Liability Companies: Enter Names and Addresses of management.                  Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Office held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or P.O. Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Catherine Linderman</td> <td>5559 N Yellowstone</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Catherine Linderman	5559 N Yellowstone	Idaho Falls	ID	83401
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Catherine Linderman	5559 N Yellowstone	Idaho Falls	ID	83401											
<b>5. Organized under the laws of:</b>  IDAHO W 12630		<b>6. Signature</b> <u>Catherine L. Linderman</u> <b>Date</b> <u>11/22/2006</u> <b>Name</b> (Typed or Printed) <u>Catherine Linderman</u> <b>Title</b> <u>Owner</u>														

Issued 11/21/2006 by LJJ