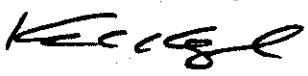
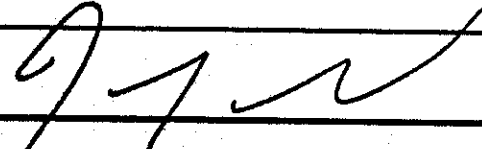
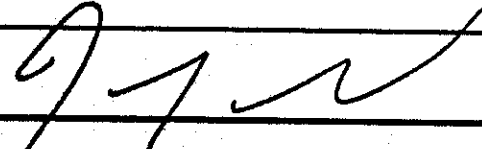
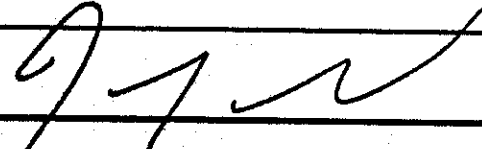


FILED EFFECTIVE

No. C 146839	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2008		2. Registered Agent and Office (NOT AG: P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BRUMFIELD MEDICAL SERVICES, P.C. TROY BRUMFIELD 356 LA COSTA DR PO Box 51330 IDAHO FALLS ID 83401 83405-1330	08 APR -7 AM 9:10 TROY R BRUMFIELD 356 LA COSTA DR IDAHO FALLS ID 83405-1330 1000 P WERIDALE DR IDAHO FALLS ID 83402	KEVIN KAYE SECRETARY OF STATE IDAHO FALLS ID 83405-1330														
3. Now Registered Agent Signature. 																	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</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>PRESIDENT</td> <td>TROY R. BRUMFIELD</td> <td>356 LA COSTA DR.</td> <td>IDAHO FALLS</td> <td>ID</td> <td>USA</td> <td>83401-5651</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	TROY R. BRUMFIELD	356 LA COSTA DR.	IDAHO FALLS	ID	USA	83401-5651
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5. Organized Under the Laws of: IDAHO C 146839	6. <table border="1"> <tr> <td>Signature:</td> <td></td> <td>Date: 4/3/08</td> </tr> <tr> <td>Name (type or print):</td> <td>TROY R. BRUMFIELD</td> <td>Title: PRES.</td> </tr> </table>			Signature:		Date: 4/3/08	Name (type or print):	TROY R. BRUMFIELD	Title: PRES.								
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Issued 04/03/2008 by NLB																	