

<p>No. W 32792</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) THOMAS W CALLERY 1304 IDAHO ST LEWISTON ID 83501</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p>1. Mailing Address: Correct in this box if needed. GIRLS' REAL ESTATE GROUP, LLC (THE) BARBARA K DAVIS MD 222 SOUTHWAY SUITE C LEWISTON ID 83501 USA</p>	<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:20%;">Name</th> <th style="width:25%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Barbara K. Davis MD</td> <td>222 Southway Suite c</td> <td>Lewiston</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Patricia A. Brady MD</td> <td>222 Southway Suite c</td> <td>Lewiston</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jane A. Fore MD</td> <td>2941 Dove Place</td> <td>Clarkston</td> <td>WA</td> <td>USA</td> <td>99403</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Barbara K. Davis MD	222 Southway Suite c	Lewiston	ID	USA	83501	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Patricia A. Brady MD	222 Southway Suite c	Lewiston	ID	USA	83501	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jane A. Fore MD	2941 Dove Place	Clarkston	WA	USA	99403	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:</p> <p style="text-align: center; font-size: 1.2em;">IDAHO</p> <p style="text-align: center; font-size: 1.2em;">W 32792</p>	<p>6.</p> <p>Signature: <u>Barbara K Davis MD</u> Date: <u>12-15-17</u></p> <hr/> <p>Name (type or print): <u>Barbara K. Davis, M.D.</u> Title: <u>MD</u></p> <hr/>																																				
<p>Issued 12/11/2017 by online</p>																																					