# REINSTATEMENT

**FILED EFFECTIVE**

| No. W 29572 | Annual Report Form<br>ADMIN DISSOLVED 06/08/2005 | 2. Registered Agent and Office NOT A P.O. BOX |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br>**FEE DUE $30.00** | COEUR D' ALENE ARTHRITIS CLINIC, PL<br>950 IRONWOOD DR<br>COEUR D'ALENE, ID 83814 | CRAIG W WIESENHUTTER MD<br>950 IRONWOOD DR<br>COEUR D'ALENE, ID 83814<br>3. New registered agent signature |

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)

| Office held | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| MEMBER | CRAIG WIESENHUTTER | 950 Ironwood Dr. | Coeur d'Alene | ID | 83814 |

5. Organized under the laws of:
IDAHO
W 29572

6. Signature _____ Date 6-22-05
Name (Typed or Printed) CRAIG WIESENHUTTER Title MEMBER

Issued 06/17/2005 by CLH