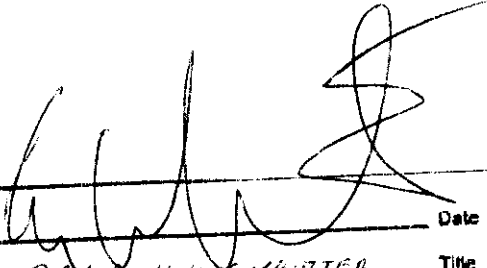


FILED EFFECTIVE**REINSTATEMENT**

No. W 29572	Annual Report Form ADMIN DISSOLVED 06/08/2005	2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	COEUR D'ALENE ARTHRITIS CLINIC, PL 950 IRONWOOD DR COEUR D'ALENE, ID 83814	CRAIG W WIESENHUTTER MD 950 IRONWOOD DR COEUR D'ALENE, ID 83814												
3. <u>New</u> 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) <table border="0"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>MEMBER</td><td>CRAIG WIESENHUTTER</td><td>950 IRONWOOD DR.</td><td>COEUR D'ALENE</td><td>ID</td><td>83814</td></tr></tbody></table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	CRAIG WIESENHUTTER	950 IRONWOOD DR.	COEUR D'ALENE	ID	83814
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
MEMBER	CRAIG WIESENHUTTER	950 IRONWOOD DR.	COEUR D'ALENE	ID	83814									
5. Organized under the laws of: IDAHO W 29572	6. Signature  Name (Typed or printed) <u>CRAIG WIESENHUTTER</u> Title <u>MEMBER</u> Date <u>6-22-05</u>													