No. W 105673	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012	Registered Agent and Office (NOT A P.O. BOX) MATTHEW LANE MCKINLAY			
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MCKINLAY SPORTS MEDICINE PLLC MATTHEW LANE MCKINLAY 255 S 20TH AVE POCATELLO ID 83201	255 S 20TH AVE POCATELLO ID 83201			
reinstatement fee due: \$30.00		3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member Name Street or PO Address City State Country Postal Code					
Manager Member Mathew Lene McKinlay 255 5. 20th And Pocatello ID 85201 Manager Member (Bannock County)					
Manager Member Member Manager Member					
			5. Organized Under the Lav	ws of: 6.	
			IDAHO	Signature: M7V	Date:
W 105673	Name (type or print):				
	MATTLEW Lone My Kin lay	President			
Issued 07/24/2013 by SLD					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the