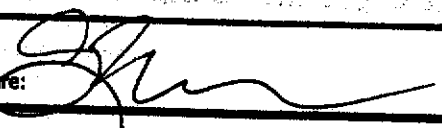


No. C 164373	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) SKY R BLUE 125 E IDAHO BOISE ID 83702			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SAWTOOTH EPIDEMIOLOGY AND INFECTIOUS DISEASES, P.C. 125 E IDAHO #203 BOISE ID 83712		3. <u>New</u> Registered Agent Signature.			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Sky R. Blue	125 E. Idaho, Ste. 203	Boise	ID		83712
Vice-President	Thomas J. Coffman	125 E. Idaho, Ste. 203	Boise	ID		83712
I hereby certify that the information furnished on this form is true and correct. I am aware that this form is a part of the public record and that it may be subject to audit and review by the State of Idaho.						
5. Organized Under the Laws of:		6.				
IDAHO C 164373		Signature: 			Date: 5-10-10	
		Name (type or print): Sky R. Blue			Title: M.D.	
Issued 05/03/2010 by LJM						