No. C 154146	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010	2. Registered Agent and Office **(NOT A P.O. BOX)** FRANK M ANDREWS PHD 220 S 2ND AVE HAILEY ID 83333
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** FRANK ANDREWS PHD, P.A. 220 2ND AVE S HAILEY ID 83333	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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	Frank Andrews	220 2nd Ave South	Hailey	ID	Blaine	83333
Secretary	Leslie Andrews	220 2nd Ave South	Hailey	ID	Blaine	83333

5. Organized Under the Laws of:	6.
IDAHO C 154146	Signature: [signature] Date: 7/20/10 Name (type or print): Frank Andrews Title: Pres.

Issued 07/20/2010 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing