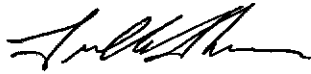


No. C 154146	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		FRANK M ANDREWS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