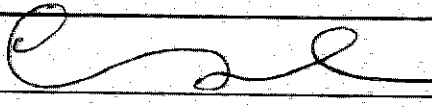


# REINSTATEMENT

<b>No.</b> C70421 <b>Return to:</b> SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE</b> \$30.00 ADMIN DISSOLVED 02/10/1999	<b>Annual Report Form</b>  <b>1. Mailing Address - Please Correct, If Not Correct</b> CHARLES R. FALTER, D.O., P.A. CHARLES R FALTER BOX 729 PRIEST RIVER ID 83856	<b>2. Registered Agent and Office NOT A P.O. BOX</b> CHARLES R FALTER PRIEST RIVER MEDICAL CLINIC 219 MAIN STREET PRIEST RIVER ID 83856  <b>3. Organized Under the Laws of:</b> IDAHO C70421												
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors</b> <b>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)</b>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office Held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>CHARLES R. FALTER, DO</td> <td>219 MAIN ST. POB 1915</td> <td>PRIEST RIVER</td> <td>IDAHO</td> <td>83856</td> </tr> </tbody> </table>			Office Held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	CHARLES R. FALTER, DO	219 MAIN ST. POB 1915	PRIEST RIVER	IDAHO	83856
Office Held	Name	Street or P.O. Address	City	State	Zip									
PRESIDENT	CHARLES R. FALTER, DO	219 MAIN ST. POB 1915	PRIEST RIVER	IDAHO	83856									
<b>5. Signature of New Registered Agent</b>	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div>                     Signature                       Name (Typed or Printed) <b>CHARLES R. FALTER, DO</b> </div> <div>                     Date <b>3/10/99</b>                      Title <b>PRESIDENT</b> </div> </div>													

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.  
**NOTE: The name of the business entity cannot be altered on the annual report form.**
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.  
 Limited Liability Company: Enter the names and addresses of the managers or members in block 4.  
**NOTE: Putting "same as last year" WILL NOT be accepted.**
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.  
 Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- 6.) If new registered Agent, please sign block 5.