

FILED EFFECTIVE

No. W 70270	Reinstatement Annual Report Form ADMIN DISSOLVED 04/08/2009		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	1. Mailing Address: Correct in this box if needed.		DAVID L WISE MD 115 S 15TH AVE STE B POCATELLO ID 83201	
REINSTATEMENT FEE DUE: \$30.00	WISE MEDICAL OFFICE, LLC 115 S 15TH AVE STE B POCATELLO ID 83201		3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State
Country	Postal Code			
Member	David Wise, MD	115 S 15th Ave Pocatello	ID	USA
83201				
5. Organized Under the Laws of: 6.				
IDAHO W 70270		Signature: <i>David Wise, MD</i>	Date: 5/19/09	
		Name (type or print): <i>David Wise, MD</i>	Title: <i>owner</i>	
Issued 04/10/2009 by SLD				