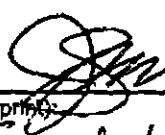


No. C 122399		Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) JARED LAMPH 1515 E CLARK ST POCATELLO ID 83201	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO PROSTHETICS AND ORTHOTICS, INC. RONNEY HAMM Jared F Lamph 1515 E CLARK ST POCATELLO ID 83201 USA		3. New Registered Agent Signature. 	
REINSTATEMENT FEE DUE: \$30.00					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
President	Jared Lamph	1515 E. Clark St.	Pocatello	ID	USA 83201
Vice President	Karissa Lamph	- same -			
5. Organized Under the Laws of: IDAHO C 122399		6. Signature:  Date: 7-16-15 Name (type or print): Jared Lamph Title: Owner			
Issued 07/15/2015 by online					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM