No. C 122399	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015	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.** IDAHO PROSTHETICS AND ORTHOTICS, INC. ~~RANDY HAMM~~ Jared F Lamph 1515 E CLARK ST POCATELLO ID 83201 USA	JARED LAMPH 1515 E CLARK ST POCATELLO ID 83201
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

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	Kariesa Lamph	- same -				

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO C 122399	Name (type or print): Jared Lamph	7-16-15 Title: Owner

Issued 07/15/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM