



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

Idaho Secretary of State

Attn: Reinstatements

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 355689

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 07/17/2012

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

MADISON REHAB LLC

450 E MAIN ST

REXBURG, ID 83440-2048

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

RACHEL GONZALES

450 E MAIN ST

REXBURG, ID 83440

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature: _____

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Board of Trustees of Madison Memorial Hospital	450 E. Main Street	Rexburg, ID 83440
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: _____

Kenneth O. Burt

(6) Date: _____

11/24/20

(7) Type/Print Name: _____

Kenneth O. Burt

(8) Title: Board Chair, Board of Trustees of Madison Memorial Hospital

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.

Sign and date this form and return to the address provided above.

B0549-3753 12/03/2020 9:59 AM Received by ID Secretary of State Lawrence Denney