

No. W 67732	Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018		2. Registered Agent and Office (NOT A P.O. BOX) ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. IDAHO SPORTS & SPINE PLLC CHRIS R JOHNSON 950 HOSPITAL WAY, SUITE A POCATELLO ID 83201																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td colspan="6">Christopher R. Johnson, 8945 Dewall Ln., Pocatello, ID 83201</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td colspan="6"></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td colspan="6"></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td colspan="6"></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	Christopher R. Johnson, 8945 Dewall Ln., Pocatello, ID 83201						Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 67732		6. Signature: <u>Stacy L. Johnson</u> Date: <u>3/6/18</u> By Stacy L. Johnson, Attorney-in-fact Name (type or print): <u>Christopher R. Johnson</u> Title: <u>Member</u>																																				