No. C 181508	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016	Address: Correct in this box if needed. ARMIJO MD, PA ARMIJO TDALE DRIVE ARMIDO Address: Correct in this box if needed. ARMIJO TDALE DRIVE (NOT A P.O. BOX) MOLLY B ARMIJO 2343 EASTDALE DRIVE BOISE ID 83712
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. MOLLY B. ARMIJO MD, PA MOLLY B ARMIJO 2343 EASTDALE DRIVE BOISE ID 83712	
reinstatement fee due: \$30.00		3. <u>New</u> 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 Priciplus Many April 10 1349 East Onle pa Boise, 19 USA 83712 Translation Many 5. Come Same Same		
5. Organized Under the La IDAHO C 181508 Issued 05/02/2016 by onlin	Name (type or print): Mouy Arm 50	Date: 5/2/16 Title: Physipaus

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM