

No. C 122184	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX) BRADLEY FOWLER 2207 IRONWOOD PL COEUR D'ALENE ID 83814																					
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. ASSOCIATED INTERNAL MEDICINE, P.A. BRADLEY FOWLER 2207 IRONWOOD PL COEUR D'ALENE ID 83814																							
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</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>President</td> <td>SUSAN M. Daugherty-Fowler</td> <td>2207 Ironwood Pl</td> <td>COEUR D'ALENE</td> <td>ID</td> <td></td> <td>83814</td> </tr> <tr> <td>Treasurer</td> <td>BRADLEY A. FOWLER</td> <td>2207 Ironwood Pl</td> <td>COEUR D'ALENE</td> <td>ID</td> <td></td> <td>83814</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	SUSAN M. Daugherty-Fowler	2207 Ironwood Pl	COEUR D'ALENE	ID		83814	Treasurer	BRADLEY A. FOWLER	2207 Ironwood Pl	COEUR D'ALENE	ID		83814
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5. Organized Under the Laws of: IDAHO C 122184	6. Signature: <i>B. A. Fowler</i> Name (type or print): BRADLEY A. FOWLER			Date: 3/30/16 Title: TREASURER																				

Issued 03/30/2016 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the