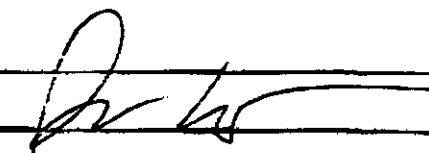


REINSTATEMENT

No. W 23497	Annual Report Form ADMIN DISSOLVED 07/08/2004		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Complete in this box if applicable		DAVID B VERST 511 DEERTRAIL HAILEY, ID 83333													
	SPINE CARE OF IDAHO, PLLC PO BOX 3703 HAILEY, ID 83333		3. <u>New</u> registered agent signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="0"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>Member</td><td>David B Verst, M.D.</td><td>511 Deertrail</td><td>Hailey</td><td>ID</td><td>83333</td></tr></tbody></table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	David B Verst, M.D.	511 Deertrail	Hailey	ID	83333
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Member	David B Verst, M.D.	511 Deertrail	Hailey	ID	83333											
5. Organized under the laws of: IDAHO W 23497	6. Signature  Date 12-29-05 Name (Type or Print) David B. Verst, M.D. Title Member															

Issued 12/23/2005 by KDW

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