REINSTATEMENT

No. W 23497	Annual Report Form ADMIN DISSOLVED 07/09/2004	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 - Correct in this Box, if applicable SPINE CARE OF IDAHO, PLLC PO BOX 3703 HAILEY, ID 83333	DAVID B VERST 511 DEERTRAIL HAILEY, ID 83333 3. New 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)

Office held	Name	Street or P.O. Address	City	State	Zip
Member	David B Verst, M.D.	511 Deertrail	Hailey	ID	83333

5. Organized under the laws of:	6.
IDAHO W 23497	Signature _____ Date 12-27-5 Name (Type or Printed) David B. Verst, M.D. Title Member

Issued 12/23/2005 by KDW

RECEIVED