

No. W 509	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) D KURT SEPPI, M.D. STEVEN KOHTZ 630 ADDISON AVE W STE 100 TWIN FALLS ID 83301 730 N. COLLEGE ROAD STE A TWIN FALLS ID 83301
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. PHYSICIAN CENTER, A PROFESSIONAL COMPANY D KURT SEPPI MD STEVEN KOHTZ M.D 630 ADDISON AVE W STE 100 730 N. COLLEGE TWIN FALLS ID 83301 ROAD STE A. TWIN FALLS, ID 83301		3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Manager <input checked="" type="radio"/> Member (circle one)	Street or PO Address	City	State Country Postal Code
STEVEN KOHTZ	730 N. COLLEGE ROAD	TWIN FALLS ID	USA 83301
JENNIFER BREUCH	2650 ADDISON AVE E	TWIN FALLS ID	USA 83301
JF TROTTER	775 POLELINE RD W. STE 111	TWIN FALLS ID	USA 83301
MITCHELL MOFFITT	775 POLELINE RD W. STE 111	TWIN FALLS ID	USA 83301
BRIAN JOHNS	775 POLELINE RD W. STE	TWIN FALLS ID	USA 83301
5. Organized Under the Laws of: <div style="text-align: center; margin-top: 20px;"> IDAHO W 509 </div>		6. Signature: <hr/> Name (type or print): STEVEN KOHTZ <hr/> <div style="display: flex; justify-content: space-between;"> <div>Date: 10/4/11</div> <div>Title: MEMBER</div> </div>	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.