


No. C 144005		Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) LISA WILKINS 11102 W. HAZELWOOD DR. BOISE ID 83709															
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. HEALTH INFORMATION MANAGEMENT, INC. LISA K WILKINS 11102 W. HAZELWOOD DR. BOISE ID 83709 USA		3. <u>New</u> Registered Agent Signature.															
REINSTATEMENT FEE DUE: \$30.00		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>LISA WILKINS</td> <td>3602 S. LAWRENCE WAY</td> <td>MERIDIAN,</td> <td>IDAHO</td> <td></td> <td>83642</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	LISA WILKINS	3602 S. LAWRENCE WAY	MERIDIAN,	IDAHO		83642
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
PRESIDENT	LISA WILKINS	3602 S. LAWRENCE WAY	MERIDIAN,	IDAHO		83642													
5. Organized Under the Laws of: IDAHO C 144005		6. Signature: 		Date: 3/31/14															
		Name (type or print):		Title:															