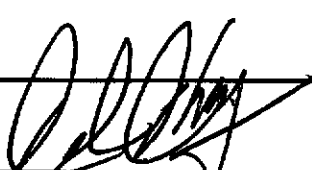
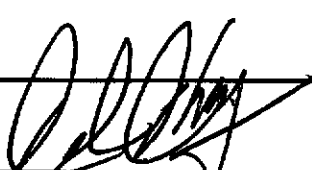
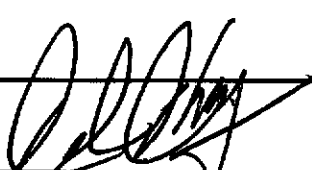


No. W 10210		Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) CELSO R CHAVEZ 1522 17TH ST LEWISTON ID 83501															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. CCR, LLC JILL BALL 1522 17TH ST LEWISTON ID 83501 USA		3. New Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.																			
<table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/></td><td>Manager Celso Chavez, MD</td><td>1522 17th St</td><td>Lewiston</td><td>ID</td><td>USA</td><td>83501</td></tr></tbody></table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal	<input checked="" type="checkbox"/>	Manager Celso Chavez, MD	1522 17th St	Lewiston	ID	USA	83501
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<input checked="" type="checkbox"/>	Manager Celso Chavez, MD	1522 17th St	Lewiston	ID	USA	83501													
5. Organized Under the Laws of: IDAHO W 10210		6. <table border="1"><tr><td>Signature: </td><td>Date: 2/14/11</td></tr><tr><td>Name (type or print): Celso Chavez</td><td>Title: Manager/OWNER</td></tr></table>				Signature: 	Date: 2/14/11	Name (type or print): Celso Chavez	Title: Manager/OWNER										
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Issued 02/14/2011 by CLH																			