

FILED EFFECTIVE

No. C 153114	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) PAUL C MASON 524 11TH ST IDAHO FALLS ID 83404																					
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. NORTHSTAR HEALTHCARE SERVICES, INC. 524 11TH ST IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature.																					
	4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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>Laura Mason</td> <td>524 11th</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83404</td> </tr> <tr> <td>Secretary</td> <td>Paul Mason</td> <td>524 11th</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83404</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Laura Mason	524 11th	Idaho Falls	ID	USA	83404	Secretary	Paul Mason	524 11th	Idaho Falls	ID	USA
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Secretary	Paul Mason	524 11th	Idaho Falls	ID	USA	83404																		
5. Organized Under the Laws of: IDAHO C 153114	6. Signature: <u>Paul C. Mason</u> Date: <u>8/17/2010</u> Name (type or print): <u>Paul C. Mason</u> Title: <u>Secretary</u>																							

Issued 07/08/2010 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM