Reinstatement for W 62416

FILED EFFECTIVE

No. W 62416	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010	2. Registered Agent and Office (NOT A P.O. BOX) BRIAN RAE ~~1149 W BOISE AVE~~ 541 Warren St BOISE ID 83706
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. PREMIER HEALTH SYSTEMS PLLC 2200 WARM SPRINGS STE 106 BOISE ID 83712	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Member	Brian J Rae	541 Warren St	Boise	ID	USA	83706
member	Erin Rae	541 Warren St	Boise	ID	USA	83706

5. Organized Under the Laws of:	6.
IDAHO W 62416	Signature: [signature] Date: 8/24/10 Name (type or print): Brian J Rae Title: member

Issued 08/24/2010 by LIC

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM