

REINSTATEMENT

FILED EFFECTIVE

No. W 16433	Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	ADMIN DISSOLVED 12/08/2004 1. Mailing Address - Contact in this box, if applicable ROCKY MOUNTAIN MEDICINE, PLLC DR DAVID F DANIELS 329 SOUTH WOODRUFF AVE 205 MARIANNE IDAHO FALLS, ID 83401- Rexburg ID 83440		DR DAVID F DANIELS 329 SOUTH WOODRUFF AVE 205 MARIANNE IDAHO FALLS, ID 83401- Rexburg ID 83440 3. New registered agent signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>David Daniels</td> <td>205 MARIANNE</td> <td>Rexburg</td> <td>STATE OF IDAHO</td> <td>83440</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	David Daniels	205 MARIANNE	Rexburg	STATE OF IDAHO	83440
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	David Daniels	205 MARIANNE	Rexburg	STATE OF IDAHO	83440											
5. Organized under the laws of: IDAHO W 16433		6. Signature <u>[Signature]</u> Date <u>3/8/05</u> Name (Typed or Printed) <u>David Daniels</u> Title <u>DC</u>														

2005 MAR 30 AM 8:47
 STATE OF IDAHO