


<p>No. C 192710</p>	<p>Reinstatement Annual Report Form</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX)</p>														
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p>1. Mailing Address: Correct in this box if needed. THOMAS H. HAGA, M.D., CHTD. THOMAS H HAGA MD 3013 N MOUNTAIN RD BOISE ID 83702</p>		<p>THOMAS H HAGA MD 3013 N MOUNTAIN RD BOISE ID 83702</p> <p>3. <u>New</u> Registered Agent Signature.</p>														
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.</p> <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>DIRECTOR</td> <td>THOMAS H HAGA</td> <td>3013 N MOUNTAIN RD</td> <td>BOISE</td> <td>ID</td> <td>USA</td> <td>83702</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	DIRECTOR	THOMAS H HAGA	3013 N MOUNTAIN RD	BOISE	ID	USA	83702
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
DIRECTOR	THOMAS H HAGA	3013 N MOUNTAIN RD	BOISE	ID	USA	83702											
<p>5. Organized Under the Laws of:</p> <p>IDAHO C 192710</p>	<p>6. Signature: </p> <p>Name (type or print): <u>THOMAS H HAGA</u></p>		<p>Date: <u>2/12/14</u></p> <p>Title: <u>DIRECTOR</u></p>														

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM