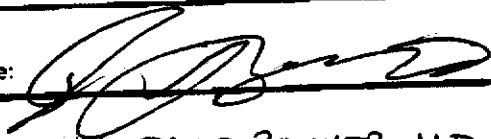


Reinstatement for C 141819

No. <b>C 141819</b>	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) DAVID BOWYER MD 660 SHOSHONE ST E TWIN FALLS ID 83301		
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.  SNAKE RIVER UROLOGY, P.C. DAVID BOWYER MD <del>660 SHOSHONE ST E</del> PO Box 1293 TWIN FALLS ID <del>83301</del> 83303-1293		3. New Registered Agent Signature.		
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRES.	DAVID BOWYER	660 SHOSHONE ST	TWIN FALLS	ID	83301
5. Organized Under the Laws of:  IDAHO C 141819		6. Signature:  Date: 4/8/12 Name (type or print): DAVID BOWYER, MD Title: PRES.			
Issued 04/02/2010 by SL1					