

FILED EFFECTIVE

REINSTATEMENT

No. C 50830	Annual Report Form ADMIN DISSOLVED 05/05/2008	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	SMITH CLINIC, P.A. OLIVER D. SMITH, M.D. 825 SOUTH BOULEVARD IDAHO FALLS, ID 83402	OLIVER D SMITH 825 SOUTH BOULEVARD IDAHO FALLS, ID 83401																		
3. Now registered agent signature																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Oliver D. Smith</td> <td>3360 Washington Hwy</td> <td>Idaho Falls, ID</td> <td></td> <td>83404</td> </tr> <tr> <td>Secretary</td> <td>Nickie A. Smith</td> <td>3360 Washington Hwy</td> <td>Idaho Falls, ID</td> <td></td> <td>83404</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Oliver D. Smith	3360 Washington Hwy	Idaho Falls, ID		83404	Secretary	Nickie A. Smith	3360 Washington Hwy	Idaho Falls, ID		83404
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6. Organized under the laws of: IDAHO C 50830	<table border="1"> <tr> <td>8. Signature</td> <td><i>Oliver D. Smith</i></td> <td>Date</td> <td>5.15.06</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Oliver D. Smith</td> <td>Title</td> <td>President</td> </tr> </table>		8. Signature	<i>Oliver D. Smith</i>	Date	5.15.06	Name (Typed or Printed)	Oliver D. Smith	Title	President										
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