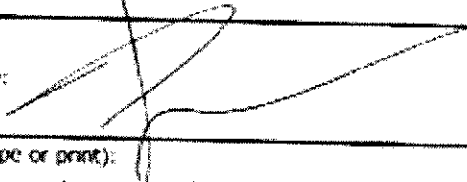
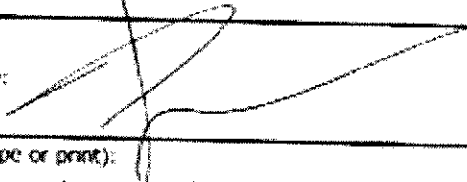
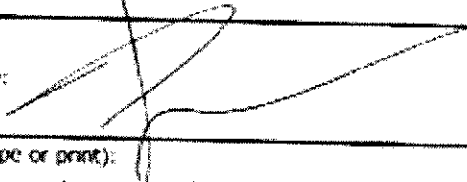


No. W 114014	Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016		2. Registered Agent and Office (NOT A P.O. BOX) PETER SMITH 601 E FRONT AVE STE 502 COEUR D'ALENE ID 83814																																				
Return to: SECRETARY OF STATE 250 N 4TH STREET PO BOX 83770 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PHYSTD ONE PLLC TYLER J BLACKWELDER 8382 N WAYNE DR STE 101 HAYDEN ID 83835		3. <u>New</u> Registered Agent Signature:																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager ☐ Member ☒</td> <td>Tyler Blackwelder</td> <td></td> <td>Hayden</td> <td>ID</td> <td>USA</td> <td>83835</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	Tyler Blackwelder		Hayden	ID	USA	83835	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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