

FILED EFFECTIVE

No. W 76287	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011		2. Registered Agent and Office (NOT A P.O. BOX) ROSE PENWELL CPM 2829 N CITRUS PL 1038 N. Dawn, Dr. BOISE ID 83713 Boise, ID 83713																																			
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. NATURAL ALTERNATIVE MIDWIFERY PRACTICE LLC (THE) ROSE E. PENWELL 2829 N CITRUS PL 1038 N. Dawn Dr. BOISE ID 83713-5185 USA Boise, ID 83713		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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Rose Penwell</td> <td>1038 N. Dawn Dr.</td> <td>Boise</td> <td>ID</td> <td></td> <td>83713</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Ian Penwell</td> <td>"</td> <td>"</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Rose Penwell	1038 N. Dawn Dr.	Boise	ID		83713	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ian Penwell	"	"				Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1 strike it out and write in the correct address. **Note:** To ensure future mailings, the