

No. C 96074	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		2. Registered Agent and Office (NOT A P.O. BOX) COLLEEN COYNE 245 RAVEN RD KETCHUM ID 83340														
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. SUN VALLEY SPORTS REHABILITATION CLINIC, INC. COLLEEN COYNE PO BOX 2062 KETCHUM ID 83340													
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <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>Colleen Coyne</td> <td>Po Box 2062</td> <td>Ketchum</td> <td>ID</td> <td>83340</td> <td>USA</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Director	Colleen Coyne	Po Box 2062	Ketchum	ID	83340	USA
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Director	Colleen Coyne	Po Box 2062	Ketchum	ID	83340	USA											
5. Organized Under the Laws of: IDAHO C 96074	6. Signature:  Name (type or print): COLLEEN COYNE			Date: 11/14/16 Title: Director/owner													
Issued 11/14/2016 by online																	