

No. W 54862	Reinstatement Annual Report Form ADMIN DISSOLVED 12/05/2008		2. Registered Agent and Office (NOT A P.O. BOX) BRIAN SNYDERS DO 1130 W PRAIRIE AVE COEUR D ALENE ID 83815														
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. PRAIRIE FAMILY MEDICINE, PLLC 1130 W PRAIRIE AVE COEUR D ALENE ID 83815																
3. New Registered Agent Signature.																	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <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>President</td> <td>Brian Snyders</td> <td>1130 W. Prairie</td> <td>Coeur d'Alene</td> <td>ID</td> <td>US</td> <td>83815</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Brian Snyders	1130 W. Prairie	Coeur d'Alene	ID	US	83815
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Brian Snyders	1130 W. Prairie	Coeur d'Alene	ID	US	83815											
5. Organized Under the Laws of: IDAHO W 54862	6. Signature:  Name (type or print): Brian Snyders			Date: 12/12/08 Title: President													
Issued 12/12/2008 by KAH																	