

## REINSTATEMENT

| No. <b>W 42043</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Annual Report Form</b><br><b>ADMIN DISSOLVED 11/09/2006</b>                                                               |                        | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                       |             |      |                        |      |     |  |               |             |         |       |  |                 |             |         |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------|-------------|------|------------------------|------|-----|--|---------------|-------------|---------|-------|--|-----------------|-------------|---------|-------|
| Return to:<br><b>SECRETARY OF STATE</b><br><b>450 N 4th STREET</b><br><b>PO BOX 83720</b><br><b>BOISE, ID 83720-0080</b><br><br><b>FEE DUE \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1. Mailing Address - Correct in this box, if applicable                                                                      |                        | <b>BOYD KLINGLER</b><br><b>115 ELM AVE</b><br><br><b>REXBURG, ID 83440</b> |             |      |                        |      |     |  |               |             |         |       |  |                 |             |         |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>TETON RIVER HEALTH &amp; WELLNESS SERVI</b><br><b>BOYD KLINGLER</b><br><b>115 ELM AVE</b><br><br><b>REXBURG, ID 83440</b> |                        | 3. New registered agent signature                                          |             |      |                        |      |     |  |               |             |         |       |  |                 |             |         |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors<br>Limited Liability Companies: Enter Names and Addresses of management.<br>Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners.<br><table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Boyd Klingler</td> <td>115 Elm Ave</td> <td>Rexburg</td> <td>83440</td> </tr> <tr> <td></td> <td>Nicole Klingler</td> <td>115 Elm Ave</td> <td>Rexburg</td> <td>83440</td> </tr> </tbody> </table> |                                                                                                                              |                        |                                                                            | Office held | Name | Street or P.O. Address | City | Zip |  | Boyd Klingler | 115 Elm Ave | Rexburg | 83440 |  | Nicole Klingler | 115 Elm Ave | Rexburg | 83440 |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name                                                                                                                         | Street or P.O. Address | City                                                                       | Zip         |      |                        |      |     |  |               |             |         |       |  |                 |             |         |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Boyd Klingler                                                                                                                | 115 Elm Ave            | Rexburg                                                                    | 83440       |      |                        |      |     |  |               |             |         |       |  |                 |             |         |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Nicole Klingler                                                                                                              | 115 Elm Ave            | Rexburg                                                                    | 83440       |      |                        |      |     |  |               |             |         |       |  |                 |             |         |       |
| 5. Organized under the laws of:<br><br><b>IDAHO</b><br><b>W 42043</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. Signature <u>Boyd Klingler</u> Date <u>10-01-07</u><br>Name (Typed or Printed) <u>Boyd Klingler</u> Title <u>Manager</u>  |                        |                                                                            |             |      |                        |      |     |  |               |             |         |       |  |                 |             |         |       |

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 SECRETARY OF STATE  
 IDAHO

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** 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 corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors (for corporations only), management (for LLCs only), or at least two (2) partners (for LPs and LLPs only. Note: Putting "same as last year" or "same as above" will not be accepted.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation/LLC/LP/LLP. Print or type the name and title of the signer below the signature.