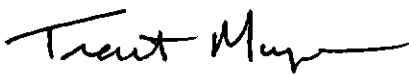


No. C 176238	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012		2. Registered Agent and Office (NOT A P.O. BOX) TRENT MUNYER 4193 WEST WOODHAVEN LOOP COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. STIEBS & MUNYER ANESTHESIA, P.C. TRENT MUNYER 4193 WEST WOODHAVEN LOOP COEUR D'ALENE ID 83814 USA		3. <u>New</u> Registered Agent Signature. 
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.			
Office Held	Name	Street or PO Address	City State Country Postal Code
President	Trent Munyer	4193 W. Woodhaven loop	Coeur d'Alene ID USA 83814
Secretary	Kristina Munyer	4193 W. Woodhaven loop	Coeur d'Alene ID USA 83814
Vice President	Kristina Munyer	4193 W. Woodhaven loop	Coeur d'Alene ID USA 83814
5. Organized Under the Laws of: IDAHO C 176238		6. Signature:  Name (type or print): <u>Trent Munyer</u> Date: <u>3/21/2012</u> Title: <u>3/21/2012</u>	
Issued 03/21/2012 by JL1			