


# FILED EFFECTIVE

No. <b>C 195941</b>	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. SPECIALTY MED INC. RUSSELL CEPERICH 6163 W CLINTON ST BOISE ID 83714. <i>83704</i>		SEAN EASON <del>2484 STOKESBERRY PL #150</del> MERIDIAN ID 83646 <i>6163 W CLINTON ST</i> <i>BOISE ID 83704</i>  3. <u>New</u> Registered Agent Signature.														
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><i>PRESIDENT</i></td> <td><i>RUSSELL CEPERICH</i></td> <td><i>6180 N FIFETHIRE PL</i></td> <td><i>BOISE</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83713</i></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>PRESIDENT</i>	<i>RUSSELL CEPERICH</i>	<i>6180 N FIFETHIRE PL</i>	<i>BOISE</i>	<i>ID</i>	<i>USA</i>	<i>83713</i>
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 195941</b>		6. Signature:  Date: <i>2/13/14</i> <hr/> Name (type or print): <i>RUSSELL CEPERICH</i> Title: <i>President</i> <hr/> <i>OWNER</i>															

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM