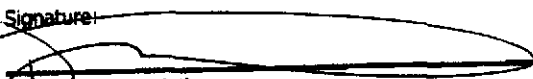


No. W 137640	Reinstatement Annual Report Form ADMIN DISSOLVED 08/14/2017		2. Registered Agent and Office (NOT A P.O. BOX) DANNY MARTINEAU 6944 LA PINE RD NAMPA ID 83686																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MEDICAL ASSOCIATES OF IDAHO LLC DANNY MARTINEAU 1208 11TH ST SOUTH NAMPA ID 83651																																					
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Danny L. Martineau</td> <td>1208 11th St. South</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83651</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Lisa Edinborough</td> <td>1208 11th St. South</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83651</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Danny L. Martineau	1208 11th St. South	Nampa	ID		83651	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Lisa Edinborough	1208 11th St. South	Nampa	ID		83651	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 137640		6. Signature:  Name (type or print): <u>Danny Martineau</u> Date: <u>8/28/17</u> Title: _____																																				

Issued 08/25/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM