

No. C 155806	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) W A KARCHER 1859 S. TOPAZ WAY SUITE 100 MERIDIAN ID 83642																					
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. IDAHO ORTHOTIC PROSTHETIC SERVICES, INC. WILLIAM A KARCHER 1859 S. TOPAZ WAY SUITE 100 MERIDIAN ID 83642 USA		3. New 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>PRESIDENT</td> <td>W.A. KARCHER</td> <td>1859 TOPAZ</td> <td>MERIDIAN</td> <td>ID.</td> <td>ADA</td> <td>83642</td> </tr> <tr> <td>SECRETARY</td> <td>MONICA KARCHER</td> <td>1859 TOPAZ</td> <td>MERIDIAN</td> <td>ID.</td> <td>ADA</td> <td>83642</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	W.A. KARCHER	1859 TOPAZ	MERIDIAN	ID.	ADA	83642	SECRETARY	MONICA KARCHER	1859 TOPAZ	MERIDIAN	ID.	ADA	83642
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5. Organized Under the Laws of: IDAHO C 155806	6. <table border="1"> <tr> <td>Signatures</td> <td>Date:</td> </tr> <tr> <td><i>W.A. Karcher</i></td> <td>11/18/13</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>W.A. KARCHER</td> <td>PRESIDENT</td> </tr> </table>			Signatures	Date:	<i>W.A. Karcher</i>	11/18/13	Name (type or print):	Title:	W.A. KARCHER	PRESIDENT													
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Issued 11/18/2013 by KAH