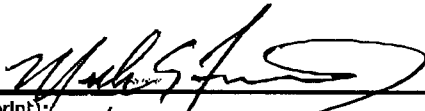


No. C 178355	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		2. Registered Agent and Office (NOT A P.O. BOX) MARK E FREEMAN 3760 WASHINGTON PKWY IDAHO FALLS ID 83404																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MARK E. FREEMAN, MD PC MARK E FREEMAN 3760 WASHINGTON PKWY IDAHO FALLS ID 83404		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>Pres</td> <td>Mark E Freeman</td> <td>3760 Washington Pkwy</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83404</td> </tr> <tr> <td>Sec Dir</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	Mark E Freeman	3760 Washington Pkwy	Idaho Falls	ID		83404	Sec Dir	"	"	"	"	"	
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Sec Dir	"	"	"	"	"																			
5. Organized Under the Laws of: IDAHO C 178355	6. Signature:  <hr/> Name (type or print): Mark E. Freeman <hr/> Date: 8/2/16 <hr/> Title: President																							