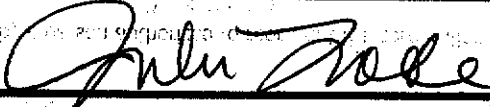
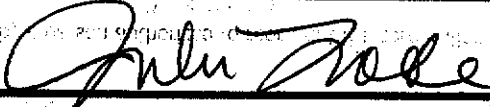
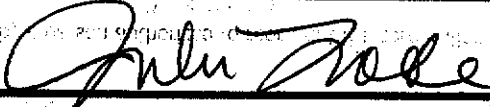


No. C 113748 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010 1. Mailing Address: Correct in this box if needed. TREASURE VALLEY ENDOCRINOLOGY, P.C. JULIE A FOOTE 900 N LIBERTY #201 BOISE ID 83704	2. Registered Agent and Office (NOT A P.O. BOX) JULIE A FOOTE 3152 N 24TH WAY BOISE ID 83702 3. New Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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>Julie Foote MD.</td><td>900 N Liberty Suite 201</td><td></td><td></td><td></td><td>Boise ID 83704</td></tr><tr><td>Secretary/ Treasurer</td><td>Larry L. Evans</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	President	Julie Foote MD.	900 N Liberty Suite 201				Boise ID 83704	Secretary/ Treasurer	Larry L. Evans	"	"			
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5. Organized Under the Laws of: IDAHO C 113748	6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>5/17/10</td></tr><tr><td>Name (type or print):</td><td>Julie A Foote MD</td><td>Title:</td><td>M.D.</td></tr></table>		Signature:		Date:	5/17/10	Name (type or print):	Julie A Foote MD	Title:	M.D.													
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Issued 05/14/2010 by SLD																							

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