

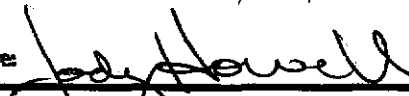


<p>No. C 46180</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) DANIEL OSTERMILLER MD 211 WEST FOREST STREET MCCALL ID 83638</p>																					
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p>1. Mailing Address: Correct in this box if needed.</p> <p>PAYETTE LAKES MEDICAL CLINIC, P.A. MELINDA WHITTEMORE P. O. BOX 1047 MCCALL ID 83638-1047 USA</p>		<p>3. New Registered Agent Signature.</p> 																					
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.</p>																								
<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>Secretary</td> <td>Jim Dardis</td> <td>PO Box 1047</td> <td>McCall, Id</td> <td>Id</td> <td>USA</td> <td>83638</td> </tr> <tr> <td>President</td> <td>Daniel Ostermiller</td> <td>PO Box 1047</td> <td>McCall, Id</td> <td>Id</td> <td>USA</td> <td>83638</td> </tr> </tbody> </table> <p>x  1/6/12</p>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Secretary	Jim Dardis	PO Box 1047	McCall, Id	Id	USA	83638	President	Daniel Ostermiller	PO Box 1047	McCall, Id	Id	USA	83638
Office Held	Name	Street or PO Address	City	State	Country	Postal Code																		
Secretary	Jim Dardis	PO Box 1047	McCall, Id	Id	USA	83638																		
President	Daniel Ostermiller	PO Box 1047	McCall, Id	Id	USA	83638																		
<p>5. Organized Under the Laws of: IDAHO C 46180</p>		<p>6. Signature:  Date: 1/6/12</p> <p>Name (type or print): Jody Howell Title: 1/6/12</p>																						
<p>Issued 01/05/2012 by CLH</p>																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM