

No. C 80362	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX)																					
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. DIRNE HEALTH CENTERS, INC. GINGER ELDRIDGE 1090 W PARK PL COEUR D ALENE ID 83814	MICHAEL BAKER 1090 W PARK PL COEUR D'ALENE ID 83814 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>PRESIDENT</td> <td>DAVE VALENCIA</td> <td>1090 W PARK PLACE</td> <td>COEUR D'ALENE</td> <td>ID</td> <td></td> <td>83814</td> </tr> <tr> <td>SECRETARY</td> <td>LORA WHALEN</td> <td>1090 W PARK PLACE</td> <td>COEUR D'ALENE</td> <td>ID</td> <td></td> <td>83814</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	DAVE VALENCIA	1090 W PARK PLACE	COEUR D'ALENE	ID		83814	SECRETARY	LORA WHALEN	1090 W PARK PLACE	COEUR D'ALENE	ID		83814
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5. Organized Under the Laws of: IDAHO C 80362	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 5/12/16</td> </tr> <tr> <td>Name (type or print): Mike Baker</td> <td>Title: CEO</td> </tr> </table>			Signature: 	Date: 5/12/16	Name (type or print): Mike Baker	Title: CEO																	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM