_{No.} С 19370	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010	2. Registered Agent and Office (NOT A P.O. BOX)
Return to:	WOMIN DISSOFAED 03/01/2010	JASON D WEST
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. IDAHO ASSOCIATION OF NATUROPATHIC PHYSICIANS, INC. (THE)	1188 CALL CREEK DR POCATELLO ID 83201
	1188 CALL CREEK DRIVE	3. <u>New</u> Registered Agent Signature.
	POCATELLO ID 83201	
	USA	l
REINSTATEMENT	- USA	
FEE DUE: \$30.00		
4. Corporations: Enter Nam	es and Business Addresses of President, Secretary, Director	s and (optional) Treasurer.
Office Held Nam	ne Street or PO Address	City State Country Postal Code
Director Dush	a Busington 951 Balland A Busington 951 Balland	Probedyzd us 63646 Kimbedyzd us 63646
5. Organized Under the Laws or	f: 6. Signature:	Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
IDAHO	STAN INCOME.	////2//9
		
C 19370	Name (type or print): Gamy Lehoh	Title: "Di recitor
Issued 11/15/2010 by JL1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.

Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. Note: <u>Do not put "same as last year" or "same as above".</u>
These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.