




No. <b>C 78371</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/21/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MARK ZASTRAN 3050 WHITEPOST WAY EAGLE ID 83616														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> WORKER REHABILITATION ASSOCIATES, INC. DR. DAVID D. ROBINSON 4265 CORRIENTE PLACE BOULDER CO 80301		3. <u>New</u> Registered Agent Signature.														
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>																	
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>DAVID D. ROBINSON</td> <td>4265 CORRIENTE PL.</td> <td>BOULDER</td> <td>CO</td> <td>USA</td> <td>80301</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	DAVID D. ROBINSON	4265 CORRIENTE PL.	BOULDER	CO	USA	80301
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PRESIDENT	DAVID D. ROBINSON	4265 CORRIENTE PL.	BOULDER	CO	USA	80301											
5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 78371</b>		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <u>08/08/2015</u></td> </tr> <tr> <td>Name (type or print): <u>DAVID D. ROBINSON</u></td> <td>Title: <u>PRESIDENT</u></td> </tr> </table>		Signature: 	Date: <u>08/08/2015</u>	Name (type or print): <u>DAVID D. ROBINSON</u>	Title: <u>PRESIDENT</u>										
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Issued 08/08/2015 by online																	

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM