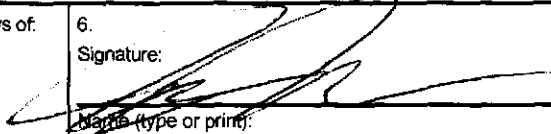


No. C 176133	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015		2. Registered Agent and Office (NOT A P.O. BOX) JIM P JOHNSON 206 VILLAGE LANE PL 516 S Wooddale Pl BOISE ID 83702 Eagle, ID 83616															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00			1. Mailing Address: Correct in this box if needed. PRO-NATION THERAPY NETWORK INC DONALD M LIDSTROM Jim Johnson 630 N COLE ROAD 516 S Wooddale Pl BOISE ID 83704 Eagle, ID 83616		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>Jim Johnson</td> <td>516 S Wooddale Pl</td> <td>Eagle, ID</td> <td>Ada</td> <td></td> <td>83616</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Jim Johnson	516 S Wooddale Pl	Eagle, ID	Ada		83616
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
President	Jim Johnson	516 S Wooddale Pl	Eagle, ID	Ada		83616												
5. Organized Under the Laws of: IDAHO C 176133		6. Signature:  Name (type or print): Jim Johnson			Date: <u>10/12/15</u> Title: <u>President</u>													

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