No. C 82833	Reinstatement A	nnual Report Form	2. Registered Agent and Office
Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013 1. Mailing Address: Correct in this box if needed. IDAHO FALLS MEDICAL OFFICE BUILDING ASSOCIATION, INC. DOUGLAS CRABTREE 3100 CHANNING WAY IDAHO FALLS ID 83404-7533 USA		(NOT A P.O. BOX) DOUGLAS CRABTREE 3100 CHANNING WAY IDAHO FALLS ID 83404
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature,
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. Office Held Name Street or PO Address City State Country Postal Code Officers:			
President	Douglas Crabtree	daho Falls, ID USA 83404	
Vice President Jeff Baiocco		3100 Channing Way, Idaho Falls, ID USA 83404	
Secretary/Trea	s Sandee Moore	3100 Channing Way, I	daho Falls, ID USA 83404
Directors: Douglas Crabtree Jeff Baiocco		3100 Channing Way, Idaho Falls, ID USA 83404 3100 Channing Way, Idaho Falls, ID USA 83404	
	Sandee Moore 3100 Channing Way, Idaho Falls, ID USA 83404		
5. Organized Under the Law IDAHO C 82833	Signature:	Jullion	Date: 4/5/13
	Name (type or print) Douglas Craoti	ree	Title: President
ssued 04/02/2013 by SLD		· - ··	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM