REINSTATEMENT

FILED/EFFECTIVE

No. C 73520	Annual Report Form ADMIN DISSOLVED 11/13/2000	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **FEE DUE $30.00**	1. Mailing Address. Correct in this box, if applicable SOUTHEAST IDAHO MEDICAL CLINICS, P. STEPHEN C. JOHNSON PO BOX 161 MALAD, ID 83252	STEPHEN C JOHNSON 230 WEST 200 NORTH MALAD, ID 83252 3. New registered agent signature

00 DEC 11 AM 9:43
SECRETARY OF STATE
STATE OF IDAHO

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President admin	Stephen C. Johnson	2750 S 4100 W	Malad	ID	83252
Secretary	Sherri Johnson	2750 S 4100 W Malad, ID 83252	Malad	ID	83252

5. Organized under the laws of:	6
IDAHO C 73520	Signature Stephen C Johnson CC Date 1/8/01 Name (Typed or Printed) Stephen C. Johnson Title

Issued 11/28/2000

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SECRETARY OF STATE
STATE OF IDAHO