REINSTATEMENT

and the second		The second
No. W 1029	Annual Report Form ADMIN DISSOLVED 07/06/2007	2. Registered Agent and Office NOT A P.O. BOX GARY L BRINGHURST LOWS BCI POCATELLO CREEK OFFICE PARK
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address · Correct in this box, if applicable BRINGHURST FAMILY DENTISTRY, P.L.L. GARY L BRINGHURST POCATELLO CREEK OFFICE PARK 1175 CALL PLACE #200 POCATELLO, ID 83201	1175 CALL PLACE #200 POCATELLO, ID 83201 3. New registered agent signature
I imited Liability (AMDANIes, Cine	Business Addresses of President, Secretary and Directors r Names and Addresses of management. nerships: Enter names and addresses of at least two (2) partners. Street or P.O. Address Lis Bringhurst 1175 Call Place Ste. 20 L. Bringhurst 1175 Call Place, Ste. 20	o/Pocatello, ID 83201 00/Pocatello, ID 83201
5. Organized under the laws of: IDAHO W 1029	6. Signature feam Mariachus Name (Typed or Jenkifer Bona)	Date 579 87 WST Title 5 Magager