No. W 111314	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MICHAEL LYNN GURNEY, DDS, PLLC 1000 N CURTIS RD STE 203 BOISE ID 83706-1346	MICHAEL LYNN GURNEY 1000 N CURTIS RD STE 203 BOISE ID 83706-1346
reinstatement fee due: \$30.00		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.  Manager or Member Name Street or PO Address City State Country Postal Code		
_	Michael Lynn Gumen 1000 N. Cartis Rd Sait 203 Both	- -
Manager 🛭 Member 🗌 🛚 🤄	erin Michell Gurmey 1000 H. Curtis Rd Soilte 203 Bois	e to usa estad
Manager 🔲 Member 🗍		
Manager  Member		
5. Organized Under the La	1 , 1	Data
IDAHO	Signature: / / //////	Date: 3- lb-2015
W 111314	Name (typelor print): Michael Gurney	Title:
Issued 03/16/2015 by onlin		Манасі-