No. C 127861	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012	2. Registered Agent and Office (NOT A P.O. BOX) GREG GUYMON DDS MS
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. GUYMON ORTHODONTICS, P.A. GREG GUYMON 1200 W CHERRY LN MERIDIAN ID 83642	1200 CHERRY LN MERIDIAN ID 83642
REINSTATEMENT FEE		3. New Registered Agent Signature.
DUE: \$30.00		
	r Names and Business Addresses of President, Secre	
		State Country Postal Code
5. Organized Under the Law		
IDAHO	Signature:	Date:
C 127861	Name (type or print):	<u>4-2-13</u>
	- (-Trea (Fulmon	President
ssued 04/02/2013 by SLD		
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office