

No. W 15691	Reinstatement Annual Report Form ADMIN DISSOLVED 09/04/2008		2. Registered Agent and Office (NOT A P.O. BOX) JUSTIN CRAIG SMITH 1105 3RD AVE NORTH PAYETTE ID 83661																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ASPEN DENTAL, PLLC 1105 3RD AVE N PAYETTE ID 83661																							
3. New Registered Agent Signature.																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President-Member</td> <td>Justin Smith</td> <td>1105 3RD AVE N.</td> <td>Payette</td> <td>ID</td> <td></td> <td>83661</td> </tr> <tr> <td>Member-Secretary</td> <td>Amy Smith</td> <td>1105 3RD AVE N.</td> <td>Payette</td> <td>ID</td> <td></td> <td>83661</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President-Member	Justin Smith	1105 3RD AVE N.	Payette	ID		83661	Member-Secretary	Amy Smith	1105 3RD AVE N.	Payette	ID		83661
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