

REINSTATEMENT

No. C 150297	Annual Report Form ADMIN DISSOLVED 11/07/2005		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		MATTHEW L. KOOYMAN 13929 W BATTENBERG CT BOISE, ID 83713												
	RIDGECREST DENTAL, P.C. 13929 W BATTENBERG CT BOISE, ID 83713		3. <u>New</u> registered agent signature												
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)															
<table border="0"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>President</td><td>Matthew L. Kooyman</td><td>13929 W Battenberg Ct.</td><td>Boise</td><td>ID</td><td>83713</td></tr></tbody></table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Matthew L. Kooyman	13929 W Battenberg Ct.	Boise	ID	83713
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Matthew L. Kooyman	13929 W Battenberg Ct.	Boise	ID	83713										
5. Organized under the laws of: IDAHO C 150297		6. Signature <u>Matthew L. Kooyman</u> Date <u>11-18-05</u> Name (Typed or Printed) <u>Matthew L. Kooyman</u> Title <u>President</u>													

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