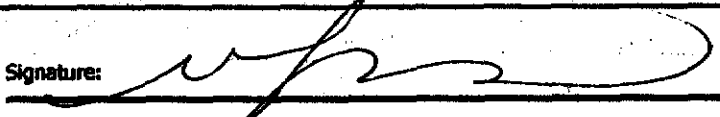


No. C 173174	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2009		2. Registered Agent and Office (NOT A P.O. BOX)															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NATHANIEL SKOUSEN DMD P.C. 4251 N BUCKBOARD PLACE BOISE ID 83713		NATHANIEL SKOUSEN DMD 4251 N BUCKBOARD PLACE BOISE ID 83713 1212 N Cole Boise ID 83704															
			3. New Registered Agent Signature.															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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</td><td>NATHANIEL SKOUSEN</td><td>1212 N COLE RD</td><td>BOISE</td><td>10</td><td></td><td>83704</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	NATHANIEL SKOUSEN	1212 N COLE RD	BOISE	10		83704
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
PRESIDENT	NATHANIEL SKOUSEN	1212 N COLE RD	BOISE	10		83704												
5. Organized Under the Laws of: IDAHO C 173174	6. Signature:  Name (type or print): <u>NATHANIEL SKOUSEN</u>		Date: <u>Aug 17</u> <u>09</u> Title: <u>President</u>															
Issued 08/17/2009 by LJM																		