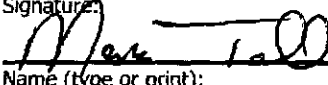


No. <b>W 31687</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/27/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MARK A TALL 345 N 2ND E STE 2 REXBURG ID 83440
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> MADISON PARK DENTAL CENTER, PLLC MARK A TALL 345 N 2ND E STE 2 REXBURG ID 83440		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			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Mark A. Tall</i> <i>345 N. 2<sup>nd</sup> E. Suite 2</i> <i>Rexburg</i> <i>ID</i> <i>United States</i> <i>83440</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO W 31687           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature:             Name (type or print): <u>Mark Tall</u> </div> <div style="width: 35%;">           Date: <u>3-19-18</u>            Title: <u>OWNER</u> </div> </div>	
Issued 03/19/2018 by online			

## 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 address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the