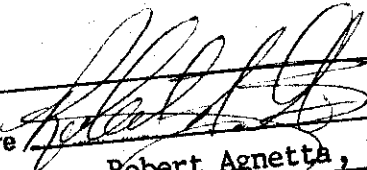


REINSTATEMENT

No. C 125660 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 12/08/2006 1. Mailing Address: Correct in this box, if applicable ROBERT AGNETTA, DDS, MS, P.A. 5220 N EAGLE RD BOISE, ID 83713		2. Registered Agent and Office NOT A P.O. BOX ROBERT AGNETTA, DDS, MS 5220 N EAGLE RD BOISE, ID 83713																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>President</td><td>Robert Agnetta</td><td>5220 N Eagle Rd</td><td>Boise</td><td>ID</td><td>83713</td></tr><tr><td>Secretary</td><td>Jon R. Miler</td><td>5220 N. Eagle Rd.</td><td>Boise</td><td>ID</td><td>83713</td></tr></tbody></table>		Office held	Name	Street or P.O. Address	City	State	Zip	President	Robert Agnetta	5220 N Eagle Rd	Boise	ID	83713	Secretary	Jon R. Miler	5220 N. Eagle Rd.	Boise	ID	83713	3. New registered agent signature	
Office held	Name	Street or P.O. Address	City	State	Zip																
President	Robert Agnetta	5220 N Eagle Rd	Boise	ID	83713																
Secretary	Jon R. Miler	5220 N. Eagle Rd.	Boise	ID	83713																
5. Organized under the laws of: IDAHO C 125660		6. Signature  Name (Typed or Printed) Robert Agnetta, DDS, MS		Date 11-07-07 Title President																	