REINSTATEMENT

FILED EFFECTIVE

No. W 67414	Annual Report Form ADMIN DISSOLVED 01/06/2009	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 **FEE DUE $30.00**	1. Mailing Address - Correct in this box, if applicable O-BAR FAMILY DENTAL PLLC 4543 FLORA DR POCATELLO, ID 83204	JED C SNOW 4543 FLORA DR POCATELLO, ID 83204 3. New registered agent signature

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.

Office held	Name	Street or P.O. Address	City	State	Zip
~~Secretary~~ ~~Director~~	Jed C. Snow	P.O. Box 86	Mackay	Idaho	83251

5. Organized under the laws of:	6.
IDAHO W 67414	Signature J Snow Date 20 Jan 2009 Name (Typed or Printed) Jed C. Snow Title Manager/Owner

Issued 1/20/2009 by SLD