

MAR-27-2013 10:25 FROM: SUNNYSIDE DENTAL CAR 2085350551

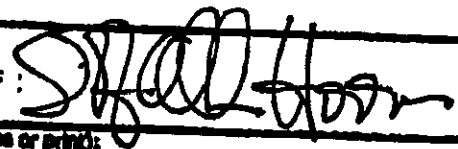
TO: 5299732

P.2/5

08/13/2013 15:58 FAX

FILED EFFECTIVE

001/004

No. W 54112 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 12/04/2012 1. Mailing Address: Correct in this box if needed. HOOVER INVESTMENTS LLC 2549 S 60TH E 2105 Coronado IDAHO FALLS ID 83406 Idaho Falls, ID 83404		2. Registered Agent and Office (NOT A P.O. BOX) GREGORY C CALDER 2105 CORONADO ST IDAHO FALLS ID 83404 3. Most Registered Agent Signature.																																		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager ☒ Member ☐</td> <td>Jeffrey A. Hoover</td> <td>1520 Elk Creek Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td></td> <td>83404</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	Jeffrey A. Hoover	1520 Elk Creek Dr.	Idaho Falls,	ID		83404	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager ☒ Member ☐	Jeffrey A. Hoover	1520 Elk Creek Dr.	Idaho Falls,	ID		83404																															
Manager ☐ Member ☐																																					
Manager ☐ Member ☐																																					
Manager ☐ Member ☐																																					
5. Organized Under the Laws of: IDAHO W 54112	6. Signature:  Name (Type or print): Jeffrey A. Hoover Title: Manager																																				

Signed 03/13/2013 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM