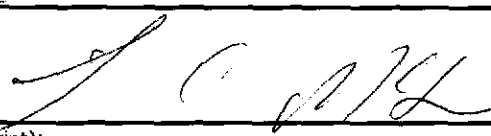


No. <b>W 134052</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/05/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LON C MCRAE 1067 S. WELLS ST. MERIDIAN ID 83642
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> IDAHO DENTAL IMPLANTS, PLLC LON C MCRAE 1067 S. WELLS ST. MERIDIAN ID 83642		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"/>	Lon C. McRae	1067 S. Wells	Meridian	ID		83642
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;"> <b>IDAHO</b>  <b>W 134052</b> </div>	6. Signature:  <hr/> Name (type or print): <u>Lon C. McRae</u> <div style="float: right; text-align: right;">           Date: <u>6/12/17</u>            Title: <u>Owner</u> </div>
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Issued 06/12/2017 by online