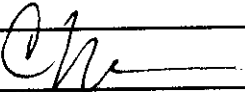


FILED EFFECTIVE

REINSTATEMENT

No. C 74554	Annual Report Form ADMIN DISSOLVED 03/08/2002	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box if applicable	CHRIS M. MAZZOLA, D.D.S. 181 FIRST AVENUE NORTH KETCHUM, ID 83340
	CHRIS M. MAZZOLA, D.D.S., P.A. CHRIS M. MAZZOLA, D.D.S. BOX 1222X 989 KETCHUM, ID 83340	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)		
<u>Office held</u> PRESIDENT	<u>Name</u> CHRIS M. MAZZOLA	<u>Street or P.O. Address</u> P.O. BOX 1222
<u>City</u> KETCHUM		<u>State</u> <u>Zip</u> ID 83340
5. Organized under the laws of: IDAHO C 74554	6.  Signature _____ Date <u>1/12/03</u> Name (Typed or Printed) <u>CHRIS M. MAZZOLA</u> Title <u>PRESIDENT</u>	

Issued 01/08/2004