

FROM :

Sent By: IDAHO SECRETARY OF STATE

FAX NO. :

3342080;

Jan. 08 1999 05:47AM P3
Oct 20-05 5:09PM, 1999

REINSTATEMENT

No. W 24882	Annual Report Form ADMIN DISSOLVED 05/08/2006	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	W. JASON CARTER DDS PLLC 259 W OAKHAMPTON DR EAGLE, ID 83616	W JASON CARTER 39 W IDAHO WEISER, ID 83672 3. <u>Now</u> registered agent signature												
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) <table border="0"> <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>MANAGING MEMBER</td> <td>W JASON CARTER</td> <td>39 W IDAHO ST</td> <td>WEISER</td> <td>ID</td> <td>83672</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MANAGING MEMBER	W JASON CARTER	39 W IDAHO ST	WEISER	ID	83672
Office held	Name	Street or P.O. Address	City	State	Zip									
MANAGING MEMBER	W JASON CARTER	39 W IDAHO ST	WEISER	ID	83672									
5. Organized under the laws of: IDAHO W 24882	6. Signature <u>[Signature]</u> Date <u>10-16-05</u> Name (Typed or Printed) <u>W JASON CARTER</u> Title <u>MANAGING MEMBER</u>													

Issued 10/20/2005 by LD1