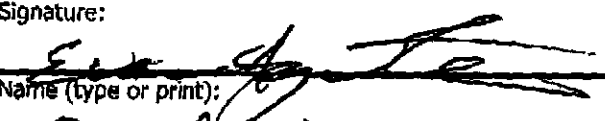


No. W 80611	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) EVAN AGNETTA 2341 REDWICK 5220 N. Eagle Rd MERIDIAN ID 83646 Suite B Boise, ID 83712
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. WIRED ORTHODONTIC LABORATORY LLC 2000 4th St 5220 N. Eagle Rd Suite B Boise, ID 83712		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"/>	Evan Agnetta	5220 N. Eagle Rd Suite B	Boise ID ADA 83712
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: IDAHO W 80611		6. Signature:  Name (type or print): <u>Evan Agnetta</u> Date: <u>12/16/2014</u> Title: <u>Manager</u>	
Issued 12/16/2014 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM