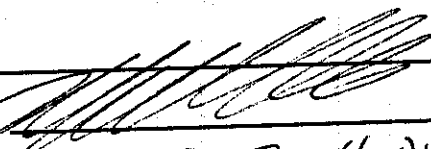


REINSTATEMENT

FILED EFFECTIVE

No. C 158090 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 04/10/2006 1. Mailing Address - Correct in this box, if applicable RIVERBIRCH COURTYARD CONDOMINIUM AS MARK GUHO Dr. MARK E. SMITH 391 W STATE ST STE G 2320 E. Gale Ave Suite 200 Meridian, ID 83642 EAGLE, ID 83616	2. Registered Agent and Office NOT A P.O. BOX MARK GUHO MARK E. SMITH 391 W STATE ST STE G 2320 E. Gale Ave EAGLE, ID 83616 Suite 200 Meridian, ID 83642 3. New 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="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or P.O. Address</th> <th style="text-align: left;">Suite</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Dr Mark E. Smith</td> <td>2320 E. Gale Ave</td> <td>200</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> <tr> <td></td> <td>Drs Ryan E. Anna Nielsen</td> <td>2320 E. Gale Ave</td> <td>400</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td></td> <td>Dr. Adam Rustin</td> <td>2320 E. Gale Ave</td> <td>300</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td></td> <td>Dr. John Jeppesen</td> <td>2320 E. Gale Ave</td> <td>500</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td></td> <td>Dr Cheryl Higley</td> <td>2320 E. Gale Ave</td> <td>100</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	Suite	City	State	Zip		Dr Mark E. Smith	2320 E. Gale Ave	200	Meridian	ID	83642		Drs Ryan E. Anna Nielsen	2320 E. Gale Ave	400	"	"	"		Dr. Adam Rustin	2320 E. Gale Ave	300	"	"	"		Dr. John Jeppesen	2320 E. Gale Ave	500	"	"	"		Dr Cheryl Higley	2320 E. Gale Ave	100	"	"	"
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5. Organized under the laws of: IDAHO C 158090	6.  Signature _____ Date 12-5-06 Name (Typed or Printed) MARK E SMITH DDS Title _____																																											