

No. C 180739	Reinstatement Annual Report Form ADMIN DISSOLVED 02/27/2018		2. Registered Agent and Office (NOT A P.O. BOX) SEAN UPSON 17159 MULE DEER LN CALDWELL ID 83607														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 63720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. WHITECAP DENTAL STUDIO INC. SEAN UPSON WHITECAP DENTAL STUDIO 1601 12TH AVE RD #102 NAMPA ID 83686		3. <u>Now</u> Registered Agent Signature.														
REINSTATEMENT FEE DUE: \$30.00																	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Sean A. Upsen</td> <td>1601 12th Ave Rd #102</td> <td>Nampa,</td> <td>ID</td> <td></td> <td>83686</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Sean A. Upsen	1601 12th Ave Rd #102	Nampa,	ID		83686
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Sean A. Upsen	1601 12th Ave Rd #102	Nampa,	ID		83686											
5. Organized Under the Laws of: IDAHO C 180739		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 3-12-18</td> </tr> <tr> <td>Name (type or print): Sean A. Upsen</td> <td>Title: President</td> </tr> </table>		Signature: 	Date: 3-12-18	Name (type or print): Sean A. Upsen	Title: President										
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