

No. C 145473	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010	2. Registered Agent and Office (NOT A P.O. BOX) TODD M HOUSE DMD 2950 W ONTARIO ST SANDPOINT ID 83864
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. TODD MICHAEL HOUSE, D.M.D., P.A. TODD M. HOUSE 1305 HWY 2 W SANDPOINT ID 83864 USA	3. <u>New Registered Agent Signature.</u>

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Todd M. House	1305 Hwy 2 West	Sandpoint	ID	USA	83864
Secretary	Cari A. House	1305 Hwy 2 West	Sandpoint	ID	USA	83864

5. Organized Under the Laws of: IDAHO C 145473	6. Signature: <u>Todd M. House</u> Date: <u>1-10-2011</u> Name (type or print): <u>Todd M. House</u> Title: <u>President</u>
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