

No. W 65478	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2011		2. Registered Agent and Office (NOT A P.O. BOX) ZACH HAWS DDS 694 S IRON SPRINGS AVE KUNA ID 83634																																			
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. SWAN FALLS FAMILY DENTISTRY PLLC ZACH HAWS 1621 N. LINDER RD KUNA ID 83634 USA																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager ☒ Member ☐</td> <td>Zach Haws</td> <td>694 S. Iron Springs</td> <td>Kuna</td> <td>ID</td> <td>USA</td> <td>83634</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Anneliese T. Haws</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	Zach Haws	694 S. Iron Springs	Kuna	ID	USA	83634	Manager ☐ Member ☒	Anneliese T. Haws	"	"	"	"	"	Manager ☐ Member ☐							Manager ☐ Member ☐							3. New Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 65478		6. Signature: <u>Zach Haws</u> Name (type or print): <u>Zach Haws</u> Date: <u>11-28-2012</u> Title: <u>Owner / Title</u>																																				

Issued 11/28/2012 by CLH