
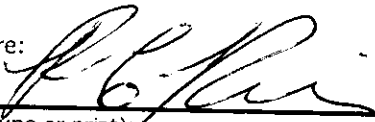


| | | | |
|---|---|--|--|
| No. C 125909 | Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015 | | 2. Registered Agent and Office (NOT A P.O. BOX) RONALD C RICE 515 EAST 5TH STREET NORTH BURLEY ID 83318 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. RONALD C RICE, D.D.S., P.C. RONALD C RICE 515 EAST 5TH STREET NORTH BURLEY ID 83318 USA | | 3. <u>New Registered Agent Signature.</u>  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. | | | |
| Office Held | Name | Street or PO Address | City State Country Postal Code |
| <i>President</i> | <i>Ronald C. Rice</i> | <i>69 Vista Ln</i> | <i>Burley ID USA 83318</i> |
| <i>Secretary</i> | <i>Lauria J. Rice</i> | <i>69 Vista</i> | <i>Burley ID USA 83318</i> |
| 5. Organized Under the Laws of: | | 6. | |
| IDAHO C 125909 | | Signature:  Name (type or print): <u>Ronald C. Rice</u> | Date: <u>1/22/15</u> Title: <u>Owner</u> |
| Issued 01/22/2015 by online | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM