


No. W 2726	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) JOHN C ROBERTS 256 MARTIN TWIN FALLS ID 83301			
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. ROCK CREEK DENTAL GROUP, P.L.L.C. JOHN C ROBERTS 256 MARTIN TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	John C Roberts	256 Martin St	Twin Falls	ID	USA	83301
5. Organized Under the Laws of:					6.	
IDAHO W 2726					Signature:  Name (type or print): <u>John Roberts</u> Date: <u>10/20/09</u> Title: <u>President</u>	
Issued 10/13/2009 by LJM						