




No. W 150372	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		2. Registered Agent and Office (NOT A P.O. BOX) DENNIS G STODDARD 1417 WINCHESTER DR POCATELLO ID 83201																																								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PLAYHOUSE DENTISTRY FOR KIDS, PLLC JOSHUA JENKINS 125 10TH ST MOUNTAIN HOME ID 83201		3. <u>New</u> Registered Agent Signature.																																								
REINSTATEMENT FEE DUE: \$30.00																																											
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td><input checked="" type="checkbox"/></td> <td>Member</td> <td><input checked="" type="checkbox"/></td> <td colspan="4">Dennis G. Stoddard 1417 Winchester Drive Pocatello, Idaho 83201</td> </tr> <tr> <td>Manager</td> <td><input type="checkbox"/></td> <td>Member</td> <td><input type="checkbox"/></td> <td colspan="4"></td> </tr> <tr> <td>Manager</td> <td><input type="checkbox"/></td> <td>Member</td> <td><input type="checkbox"/></td> <td colspan="4"></td> </tr> <tr> <td>Manager</td> <td><input type="checkbox"/></td> <td>Member</td> <td><input type="checkbox"/></td> <td colspan="4"></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager	<input checked="" type="checkbox"/>	Member	<input checked="" type="checkbox"/>	Dennis G. Stoddard 1417 Winchester Drive Pocatello, Idaho 83201				Manager	<input type="checkbox"/>	Member	<input type="checkbox"/>					Manager	<input type="checkbox"/>	Member	<input type="checkbox"/>					Manager	<input type="checkbox"/>	Member	<input type="checkbox"/>				
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 150372 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 8-31-16 </td> </tr> <tr> <td> Name (type or print): SCOTT D. Kumpf </td> <td> Title: Attorney at Law Record & Authorized Agent </td> </tr> </table>		Signature: 	Date: 8-31-16	Name (type or print): SCOTT D. Kumpf	Title: Attorney at Law Record & Authorized Agent																																				
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