





No. W 147014	Reinstatement Annual Report Form ADMIN DISSOLVED 12/05/2016		2. Registered Agent and Office (NOT A P.O. BOX) Need to Appoint Cade Baldwin 380 W Judicial St Blackfoot, ID 83221																																			
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. BLACKFOOT FAMILY DENTISTRY, PLLC CADE BALDWIN PO BOX 51330 IDAHO FALLS ID 83405	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 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Cade Baldwin</td> <td>380 W Judicial St</td> <td>Blackfoot</td> <td>ID</td> <td>USA</td> <td>83221</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Cade Baldwin	380 W Judicial St	Blackfoot	ID	USA	83221	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: IDAHO W 147014	6. <table border="1"> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td></td> <td>12/16/2016</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>Cade Baldwin</td> <td>President</td> </tr> </table>			Signature:	Date:		12/16/2016	Name (type or print):	Title:	Cade Baldwin	President																											
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