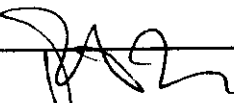
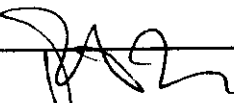
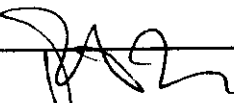


FILED EFFECTIVE

REINSTATEMENT

No. C 99854		Annual Report Form ADMIN DISSOLVED 01/06/2005		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00		1. Mailing Address (Correct in this box, if applicable)		ROBERT J PORTER III 988 LONGMONT AV STE 110 BOISE, ID 83706													
		IMPLANT SOLUTIONS, INC. ROBERT J PORTER III 207 W WASHINGTON ST BOISE, ID 83702		3. New registered agent signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																	
<table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>President</td><td>Robert J Porter III</td><td>207 W Washington</td><td>Boise</td><td>IDAHO</td><td>83702</td></tr></tbody></table>						Office held	Name	Street or P.O. Address	City	State	Zip	President	Robert J Porter III	207 W Washington	Boise	IDAHO	83702
Office held	Name	Street or P.O. Address	City	State	Zip												
President	Robert J Porter III	207 W Washington	Boise	IDAHO	83702												
5. Organized under the laws of: IDAHO C 99854		6. <table border="1"><tr><td>Signature</td><td>Date</td></tr><tr><td></td><td>1/26/05</td></tr><tr><td>Name (Typed or Printed)</td><td>Title</td></tr><tr><td>Robert J. Porter III</td><td>President</td></tr></table>				Signature	Date		1/26/05	Name (Typed or Printed)	Title	Robert J. Porter III	President				
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