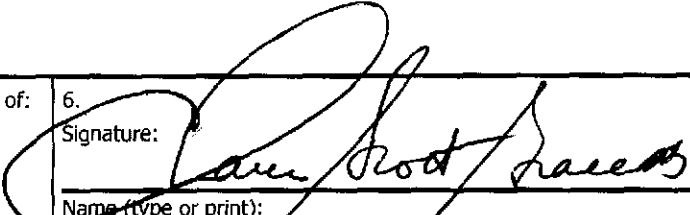


No. C 171248	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ALL-SMILES DENTISTRY OF IDAHO, PC C SCOTT GRACE 850 S LATAH BOISE ID 83705 USA		C SCOTT GRACE DDS 850 S LATAH BOISE ID 83705														
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</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>President</td> <td>CHARLES SCOTT GRACE</td> <td>456 W. ELMO ST</td> <td>MERIDIAN</td> <td>ID</td> <td>USA</td> <td>83642</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	CHARLES SCOTT GRACE	456 W. ELMO ST	MERIDIAN	ID	USA	83642
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	CHARLES SCOTT GRACE	456 W. ELMO ST	MERIDIAN	ID	USA	83642											
5. Organized Under the Laws of: IDAHO C 171248	6. Signature:  Name (type or print): Charles Scott Grace Date: 4-11-14 Title: President																

Issued 04/08/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM