


No. <b>C 190722</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/11/2012</b>  <b>1. Mailing Address: Correct in this box if needed.</b> PROBST DENT MEDIC INC. <del>PO BOX 32</del> 11400 Sweet Ola Hwy SWEET ID 83670	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> AARON KAY PROBST 11400 SWEET OLA HWY SWEET ID 83670  <b>3. <u>New</u> Registered Agent Signature.</b>														
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.</b> <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><del>Director</del> Pres</td> <td>Aaron Probst</td> <td>11400 Sweet Ola Hwy</td> <td>Sweet ID</td> <td></td> <td></td> <td>83670</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<del>Director</del> Pres	Aaron Probst	11400 Sweet Ola Hwy	Sweet ID			83670
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>C 190722</b>	<b>6.</b> Signature:  Date: 1-8-13 <hr/> Name (type or print): Aaron Probst Title: Pres.															

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**\*\* The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.