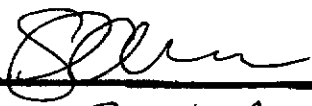


No. W 56120 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011 1. Mailing Address: Correct in this box if needed. ALEXANDER ORTHODONTICS LLC SCOTT D LEXANDER 3167 SOUTH BOWN WAY BOISE ID 83706	2. Registered Agent and Office (NOT A P.O. BOX) SCOTT D ALEXANDER 3167 S BOWN WAY BOISE ID 83706 3. New Registered Agent Signature.														
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 Member (circle one)</td> <td>Scott Alexander</td> <td>3167 S. Bown Way</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83706</td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)	Scott Alexander	3167 S. Bown Way	Boise	ID	USA	83706
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code										
Manager Member (circle one)	Scott Alexander	3167 S. Bown Way	Boise	ID	USA	83706										
5. Organized Under the Laws of: IDAHO W 56120	6. Signature:  Date: 10/5/11 Name (type or print): Scott Alexander Title: Mgr															
Issued 10/05/2011 by SLD																

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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.