

REINSTATEMENT

No. C 142348	Annual Report Form ADMIN DISSOLVED 04/07/2004	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 FILLMORE DENTAL LAB, INC. 2311 PARK AVE STE 4 BURLEY, ID 83318	MARK W FILLMORE 2311 PARK AVE STE 4 BURLEY, ID 83318 3. <u>New</u> 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="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>DIRECTOR / PRES -</td> <td>MARK FILLMORE</td> <td>2311 PARK AVE STE #4</td> <td>BURLEY</td> <td>ID</td> <td>83318</td> </tr> <tr> <td>DIRECTOR / V. PRES</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>& TREASURER -</td> <td>LEANN FILLMORE</td> <td>2311 PARK AVE STE #4</td> <td>BURLEY</td> <td>ID</td> <td>83318</td> </tr> <tr> <td>SECRETARY -</td> <td>LYNN E. JENSEN</td> <td>2311 PARK AVE STE #4</td> <td>BURLEY</td> <td>ID</td> <td>83318</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	DIRECTOR / PRES -	MARK FILLMORE	2311 PARK AVE STE #4	BURLEY	ID	83318	DIRECTOR / V. PRES						& TREASURER -	LEANN FILLMORE	2311 PARK AVE STE #4	BURLEY	ID	83318	SECRETARY -	LYNN E. JENSEN	2311 PARK AVE STE #4	BURLEY	ID	83318
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5. Organized under the laws of: IDAHO C 142348	6. Signature <u>Lynn E. Jensen</u> Date <u>MAY 3, 04</u> Name (Typed or Printed) <u>LYNN E. JENSEN</u> Title <u>SECRETARY</u>																															