No. C 179842	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009	2. Registered Agent and Office (NOT A P.O. BOX) ~~DANIEL NORRIS~~ Jared Hill ~~1110 N FIVE MILE RD~~ ~~BOISE ID 83713~~ 90 Freedom LP Bellevue ID 83313
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: $30.00	1. Mailing Address: Correct in this box if needed. WOOD RIVER DENTAL ~~CARE~~, PC Siddoway & Company 1110 N Five Mile Rd Boise ID 83713	3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
president	Jared Allan Hill	90 Freedom loop	Bellevue	ID	USA	83313

5. Organized Under the Laws of:	6.
IDAHO C 179842	Signature: Date: 07/20/11 Name (type or print): Jared Hill Title: president

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