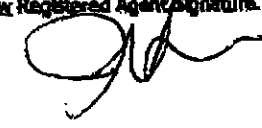


No. C 179842	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009		2. Registered Agent and Office (NOT A P.O. BOX) DANIEL MORRIS Jared Hill 1110 N FIVE MILE RD BOISE ID 83713 907 Freedom LP Bellevue ID 83313														
Return to: SECRETARY OF STATE 480 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 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. <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>Jared John Hill</td> <td>907 Freedom Loop</td> <td>Bellevue</td> <td>ID</td> <td>USA</td> <td>83313</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Jared John Hill	907 Freedom Loop	Bellevue	ID	USA	83313
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Jared John Hill	907 Freedom Loop	Bellevue	ID	USA	83313											
5. Organized Under the Laws of: IDAHO C 179842		6. Signature:  Name (type or print): Jared Hill Date: 07/20/11 Title: President															
Issued 05/27/2011 by KAH																	