FILED EFFECTIVE

No. W 143879	Reinstatement Annual Report Form ADMIN DISSOLVED 01/22/2018	2. Registered Agent and Office **(NOT A P.O. BOX)** PAUL P ROMRIELL 414 ROANOKE DR CHUBBUCK ID 83202
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** SMILEMAKERS DENTAL OF POCATELLO PLLC PAUL P ROMRIELL ~~135 WARREN~~ 675 Yellowstone. Suite E POCATELLO ID 83201 Pocatello, Idaho 83201	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☐	Paul Romriell	414 Roanoke Dr	Chubbuck	ID	USA	83202
Manager ☒ Member ☐	Janelle Romriell	414 Roanoke Dr.	Chubbuck	ID	USA	83202
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 143879	Name (type or print): Paul Romriell	Title: Owner

Issued 02/01/2018 by online