W 76448 http://www.sos.idaho.gov/CorpPrintForm/display.aspx?enum=W76448

No. W 76448	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012	2. Registered Agent and Office **(NOT A P.O. BOX)** JENNIFER BOND 382 OLIVEWOOD PL JEROME ID 83338
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.** CF DENTAL GROUP, L.L.C. JENNIFER L BOND 137 E MAIN JEROME ID 83338	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 ☑	Jennifer Bond	137 E. main suite B	Jerome,	ID	USA	83338
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 76448	Name (type or print): Jennifer Bond	11/10/14 Title: member

Issued 11/07/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM