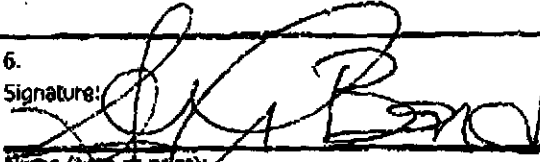


W 76448

<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 REINSTATEMENT FEE DUE: \$30.00	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. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager ☐ Member ☒</td> <td>Jennifer Bond</td> <td>137 E. main suite B</td> <td>Jerome,</td> <td>ID</td> <td>USA</td> <td>83338</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				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 ☐						
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5. Organized Under the Laws of: IDAHO W 76448	6. Signature:  Name (Type or print): Jennifer Bond			Date: 11/10/14 Title: member																																		

Issued 11/07/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM