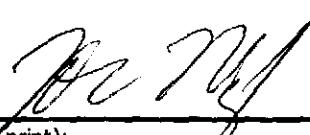


<p>No. W 18160</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>		<p>Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015</p> <p>1. Mailing Address: Correct in this box if needed. FAMILY DENTAL CARE PLLC JOHN L VOGL 925 W AIRBASE RD MOUNTAIN HOME ID 83647</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) JOHN L VOGL 925 W AIRBASE RD MOUNTAIN HOME ID 83647</p>																																			
<p>3. New Registered Agent Signature.</p>																																						
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table> <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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JOHN L. VOGEL</td> <td>925 W. Airbase Rd.</td> <td>MOUNTAIN HOME</td> <td>ID</td> <td>USA</td> <td>83647</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JOHN L. VOGEL	925 W. Airbase Rd.	MOUNTAIN HOME	ID	USA	83647	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:</p> <p>IDAHO W 18160</p>	<p>6.</p> <p>Signature: </p> <p>Name (type or print): JOHN L. VOGEL</p> <p>Date: June 1, 2015</p> <p>Title: Owner/Manager</p>																																					