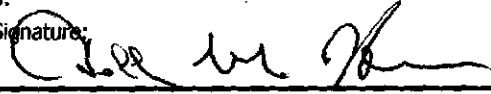


<p>No. W 22384</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015</p>		<p>2. Registered Agent and Office. (NOT A P.O. BOX) TODD M HOUSE DMD PA 1305 HWY 2 BLDG A STE A SANDPOINT ID 83864</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p>	<p>1. Mailing Address: Correct in this box if needed. MBD, PLLC TODD M HOUSE 1305 HWY 2 BLDG A SUITE A SANDPOINT ID 83864 USA</p>		<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>REINSTATEMENT FEE DUE: \$30.00</p>																																						
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Todd M House, DMD</td> <td>1305 Hwy 2, Bldg A, Suite A</td> <td>Sandpoint</td> <td>ID</td> <td>USA</td> <td>83864</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"/>	Todd M House, DMD	1305 Hwy 2, Bldg A, Suite A	Sandpoint	ID	USA	83864	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: IDAHO W 22384</p>	<p>6. Signature:  Date: <u>4-30-15</u> Name (type or print): <u>Todd M. House</u> Title: <u>MANAGER</u></p>																																					
<p>Issued 04/30/2015 by online</p>																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM