


No. C 203335	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) SHAUN BUCK 9941 W EMERALD ST BOISE ID 83704														
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. DENTAL MARKETING PRO INC SHAUN BUCK 9941 W EMERALD ST BOISE ID 83704		3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</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>President</td> <td>Shaun Buck</td> <td>9941 W Emerald St</td> <td>Boise</td> <td>ID</td> <td></td> <td>83704</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Shaun Buck	9941 W Emerald St	Boise	ID		83704
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Shaun Buck	9941 W Emerald St	Boise	ID		83704											
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 203335 </div>	6. Signature:  <hr/> Name (type or print): <u>SHAUN BUCK</u>			Date: <u>12-28-15</u> <hr/> Title: <u>President</u>													