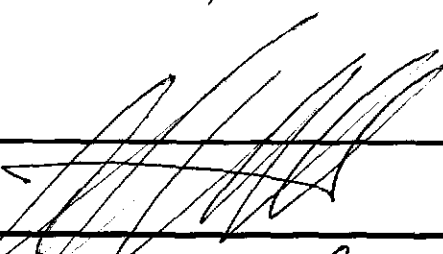


No. C 110269	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CHRIS A. SATCHWELL D.M.D., P.A. CHRIS A SATCHWELL 2373 HAW CREEK BLVD EMMETT ID 83617 3732 W. DAISY CREEK ST. MERIDIAN ID. 83642		2373 HAW CREEK BLVD EMMETT ID 83617 3732 W DAISY CREEK ST. MERIDIAN ID - 83642	
			3. New Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
PRESIDENT	CHRIS A SATCHWELL	3732 W DAISY CREEK ST.	MERIDIAN	ID 83642 USA.
SECRETARY	APRIL SATCHWELL	3732 W. DAISY CREEK ST.	MERIDIAN	ID. USA 83642.
5. Organized Under the Laws of: IDAHO C 110269		6. Signature:  Date: 2/6/2011 Name (type or print): CHRIS SATCHWELL Title: PRES.		
Issued 01/25/2011 by SLD				