

# FILED EFFECTIVE

<p>No. <b>C 161011</b></p>	<p><b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010</b></p>	<p>2. Registered Agent and Office (<b>NOT A P.O. BOX</b>)  <b>NEAL JOHNSON</b>  <del>115 WEST 100 SOUTH</del>  <del>RUPERT ID 83350</del>  <b>3433 Hiland Ave</b>  <b>Burley, ID 83318</b></p>
<p>Return to:                  SECRETARY OF STATE                  450 N 4th STREET                  PO BOX 83720                  BOISE, ID 83720-0080</p>	<p><b>1. Mailing Address: Correct in this box if needed.</b></p> <p><b>MAGIC VALLEY FAMILY DENTAL, PC</b></p> <p><b>1408 POMERELLE AVE SUITE A                  BURLEY ID 83318                  USA</b></p>	<p>3. <u>New</u> Registered Agent Signature.</p>
<p><b>REINSTATEMENT                  FEE DUE: \$30.00</b></p>		

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	Neal JOHNSON	3433 Hiland Ave	Burley	ID	USA	83318
Secretary	Louni JOHNSON	3433 Hiland Ave	Burley	ID	USA	83318

<p>5. Organized Under the Laws of:</p> <p style="text-align: center;"><b>IDAHO C 161011</b></p>	<p>6.</p> <p>Signature: <u>Neal Johnson</u> Date: <u>9-21-10</u></p> <p>Name (type or print): <u>NEAL JOHNSON</u> Title: <u>President</u></p>
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