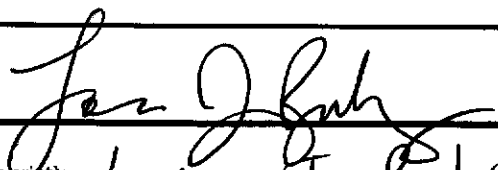


No. C 130612	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) LOUIS J BUHRLEY DMD 1552 N CRESTMONT DR STE D MERIDIAN ID 83642
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ENDODONTIC SPECIALISTS, PC 1552 N CRESTMONT DR STE D MERIDIAN ID 83642 742 W. Cherry Ln. Meridian ID 83642 ⁸³⁶⁴²		3. <u>New</u> 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	Louis J Buhrley	3136 S. Westburg PL	Eagle ID USA 83616
5. Organized Under the Laws of: IDAHO C 130612		6. Signature:  Name (type or print): Louis J. Buhrley Date: 10-9-10 Title: President	
Issued 09/28/2010 by SLD			