


No. C 190902	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) SHANE NEWTON 513 E MAIN ST WEISER ID 83672 307 E Park St., Ste. 203 McCall, ID 83638															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TWO RIVERS FAMILY AND COSMETIC DENTISTRY, P.A. 513 E MAIN ST WEISER ID 83672 307 E Park Street, Ste 203 McCall, ID 83638		3. New 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>Shane Newton</td><td>307 E Park St,</td><td>McCall Id.</td><td>USA</td><td></td><td>83638</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Shane Newton	307 E Park St,	McCall Id.	USA		83638
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
President	Shane Newton	307 E Park St,	McCall Id.	USA		83638												
5. Organized Under the Laws of: IDAHO C 190902		6. Signature:  Name (type or print): Shane Newton			Date: 4/2/15 Title: President													
Issued 04/01/2015 by online																		