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No. W 31252	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		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. SIRONA LLC JOANETTE S MISKINNIS P O BOX 462 SHELLEY ID 83274-0462		JOANETTE BERGER MISKINNIS 357 W FIR ST SHELLEY ID 83274-0462 3. New Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <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 <i>member</i></td> <td>JOANETTE BERGER MISKINNIS</td> <td>357 West Fir Street</td> <td>Shelley</td> <td>ID</td> <td></td> <td>83274</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT <i>member</i>	JOANETTE BERGER MISKINNIS	357 West Fir Street	Shelley	ID		83274
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
PRESIDENT <i>member</i>	JOANETTE BERGER MISKINNIS	357 West Fir Street	Shelley	ID		83274											
5. Organized Under the Laws of: IDAHO W 31252	6. Signature: <i>J Berger Miskinnis</i> Name (type or print): Joannette Berger Miskinnis			Date: 9-13-10 Title: <i>member</i> President													
Issued 09/13/2010 by CLH																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM