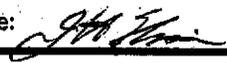


No. <b>C 122276</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT                  FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form                  ADMIN DISSOLVED 04/06/2010</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ORTHODONTIC CENTER P.A. JOSEPH H ELISON 3357 MERLIN DR IDAHO FALLS ID 83404	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> JOSEPH H ELISON 3357 MERLIN DR IDAHO FALLS ID 83404  <b>3. <u>New</u> Registered Agent Signature.</b>																																										
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Joseph H. Elison</td> <td>3357 Merlin Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td>Bonneville</td> <td>83404</td> </tr> <tr> <td>Vice President</td> <td>J. Matthew Elison</td> <td>3357 Merlin Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td>Bonneville</td> <td>83404</td> </tr> <tr> <td>Treasurer</td> <td>Jennifer Robison</td> <td>3357 Merlin Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td>Bonneville</td> <td>83404</td> </tr> <tr> <td>Secretary</td> <td>Patty Flint</td> <td>3357 Merlin Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td>Bonneville</td> <td>83404</td> </tr> <tr> <td>Assisant Secretary</td> <td>Jean B. Elison</td> <td>3357 Merlin Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td>Bonneville</td> <td>83404</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Joseph H. Elison	3357 Merlin Dr.	Idaho Falls,	ID	Bonneville	83404	Vice President	J. Matthew Elison	3357 Merlin Dr.	Idaho Falls,	ID	Bonneville	83404	Treasurer	Jennifer Robison	3357 Merlin Dr.	Idaho Falls,	ID	Bonneville	83404	Secretary	Patty Flint	3357 Merlin Dr.	Idaho Falls,	ID	Bonneville	83404	Assisant Secretary	Jean B. Elison	3357 Merlin Dr.	Idaho Falls,	ID	Bonneville	83404
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>IDAHO C 122276</b> </div>	<b>6.</b> Signature:  <hr/> Name (type or print): <u>Joseph H. Elison</u> <hr/> Date: <u>4/24/10</u> <hr/> Title: <u>Pres</u>																																											
Issued 04/19/2010 by SLD																																												

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors. **Note:** **Do not put "same as last year" or "same as above". These will not be accepted.**

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.