

FILED EFFECTIVE

REINSTATEMENT

No. C 119226	Annual Report Form ADMIN DISSOLVED 07/06/2006		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable LAWRENCE J. CHILD, DDS, P.C. PO BOX 26 GOODING, ID 83330		LAWRENCE J CHILD 126 5TH AVE W GOODING, ID 83330													
3. New registered agent signature																
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Trustee</td> <td>Lawrence J. Child</td> <td>126 5th Ave. W.</td> <td>Gooding</td> <td>Idaho</td> <td>83330</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Trustee	Lawrence J. Child	126 5th Ave. W.	Gooding	Idaho	83330
Office held	Name	Street or P.O. Address	City	State	Zip											
Trustee	Lawrence J. Child	126 5th Ave. W.	Gooding	Idaho	83330											
5. Organized under the laws of: IDAHO C 119226		6. Signature <u>Lawrence J Child</u> Date <u>Feb 5, 2007</u> Name (Typed or Printed) <u>Lawrence J. Child</u> Title <u>Trustee</u>														

1-21-00/2007 by SLD