

No. <b>W 16501</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009</b>		2. Registered Agent and Office (NOT A P.O. BOX) SAADIA HANCOCK 384 ROANOKE DR POCATELLO ID 83202
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  REINSTATEMENT FEE DUE: <b>\$30.00</b>	1. Mailing Address: Correct in this box if needed.  TAD E. HANCOCK DDS, PLLC TAD E HANCOCK 384 ROANOKE RD POCATELLO ID 83202		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager of <u>Member</u> Name	Street or PO Address	City	State Country Postal Code
Manager Member (circle one) <b>Tad Hancock</b>	<b>485 West Chubbuck Road Suite A Chubbuck ID</b>		<b>USA 83202</b>
5. Organized Under the Laws of:  <b>IDAHO W 16501</b>	6. Signature:  Name (type or print): <b>Tad E. Hancock</b>		Date: <b>7/27/11</b> Title: <b>Dentist/Owner</b>
Issued 07/27/2011 by LIC			