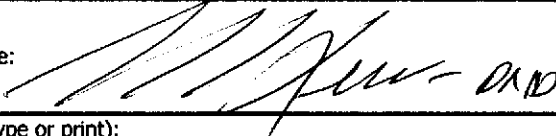


No. C 52051	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011		2. Registered Agent and Office (NOT A P.O. BOX) WENDEL J. LEWIS, D.M.D. 130 W MAIN REXBURG ID 83340																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00			1. Mailing Address: Correct in this box if needed. WENDEL J. LEWIS, D.M.D., P.A. WENDEL J. LEWIS, D.M.D. 130 W MAIN REXBURG ID 83440	3. <u>New</u> 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>Pres.</td> <td>WENDEL J. LEWIS DMD.</td> <td>1810E. 330N.</td> <td>ST Anthony</td> <td>10.</td> <td>USA</td> <td>83445</td> </tr> <tr> <td>Sec.</td> <td>Sharon B. Lewis</td> <td>1810E. 330N.</td> <td>ST Anthony</td> <td>10.</td> <td>USA</td> <td>83445</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres.	WENDEL J. LEWIS DMD.	1810E. 330N.	ST Anthony	10.	USA	83445	Sec.	Sharon B. Lewis	1810E. 330N.	ST Anthony	10.	USA	83445
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5. Organized Under the Laws of: IDAHO C 52051	6. Signature:  Name (type or print): <u>WENDEL J. LEWIS DMD</u>			Date: <u>31 June 2015</u> Title: <u>Pres</u>																				

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