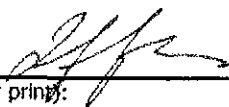


C 121255

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No. <b>C 121255</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 01/13/2012</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b> FAMILY DENTAL CENTER OF MOSCOW, P.C. JEFF J KLINE 2016 W PULLMAN RD STE C MOSCOW ID 83843		JEFF KLINE 2016 W PULLMAN RD STE C MOSCOW ID 83843														
<b>REINSTATEMENT FEE DUE: \$30.00</b>			<b>3. <u>New</u> Registered Agent Signature.</b>														
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.</b> <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</td> <td>Jeff Kline</td> <td>2016 W Pullman Rd</td> <td>Moscow</td> <td>ID</td> <td>USA</td> <td>83843</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Jeff Kline	2016 W Pullman Rd	Moscow	ID	USA	83843
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Jeff Kline	2016 W Pullman Rd	Moscow	ID	USA	83843											
<b>5. Organized Under the Laws of:</b>  IDAHO C 121255	<b>6.</b> Signature:  Date: <u>5/16/14</u> Name (type or print): <u>Jeff Kline</u> Title: <u>President</u>																
Issued 05/15/2014 by online																	

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM****Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the