No. C 132108	Reinstatement Annual Report Form ADMIN DISSOLVED 04/11/2011	2. Registered Agent and Office (NOT A P.O. BOX) LON C MCRAE D.M.D. 2947 E MAGIC VIEW DR #4 MERIDIAN ID 83642
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. POWER SMILES P.A. LON C MCRAE, D.M.D. 2947 E MAGIC VIEW DR #4 MERIDIAN ID 83642	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Dr. Lon McRae	2947 E. Magic View	Meridian	ID	USA	83642

5. Organized Under the Laws of:	6.
IDAHO C 132108	Signature: L. C. McR Date: 8/9/2011 Name (type or print): Dr. Lon C. McRae Title: owner president

Issued 08/09/2011 by LJC

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.