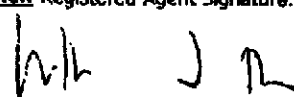


No. W 77696		Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011		2. Registered Agent and Office (NOT A P.O. BOX) KENNETH J BEVAN DDS 1683 E MILES AVE HAYDEN ID 83835	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. BEVAN D.D.S., LLC KENNETH J BEVAN DDS 1683 E MILES AVE HAYDEN ID 83835		3. <u>New</u> Registered Agent Signature. 	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member Name		Street or PO Address		City	State Country Postal Code
<u>Manager</u> Member (circle one)					
		Kenneth J Bevan DDS 1683 E. Miles Ave Hayden ID 83835			
5. Organized Under the Laws of: IDAHO W 77696		6. Signature:  Date: 12/18/2011 Name (type or print): Kenneth J Bevan Title: <u>Manager</u>			
Issued 12/19/2011 by LJC					