1/8/2015 C 179842 **FILED EFFECTIVE**

No. C 179842	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014	2. Registered Agent and Office **(NOT A P.O. BOX)**
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.** WOOD RIVER DENTAL CARE, PC ~~RANDY SIDDOWAY SIDDOWAY & COMPANY~~ ~~1110 N FIVE MILE RD~~ 503 N. Main St. ~~BOISE ID 83713 USA~~ Hailey, ID 83333	JARED HILL ~~9 WYATT DRIVE~~ 503 N. Main St. ~~BELLEVUE ID 83313~~ Hailey, ID 83333
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President Secretary Director Treasurer	Jared Hill	503 N. Main St.	Hailey	ID	USA	83333

5. Organized Under the Laws of:	6.
IDAHO C 179842	Signature: [signature] Name (type or print): Jared Hill Date: Jan. 8, 2015 Title: President

Issued 01/08/2015 by online