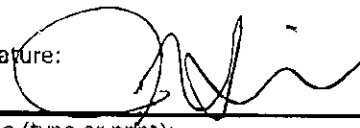


FILED EFFECTIVE

No. C 179842		Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014		2. Registered Agent and Office (NOT A P.O. BOX) JARED HILL 9 WYATT DRIVE 503 N. Main St. BELLEVUE ID 83313 Hailey, ID 83333	
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. 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		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	IA	USA 83333
5. Organized Under the Laws of: IDAHO C 179842		6. Signature:  Name (type or print): Jared Hill Date: Jan. 8, 2015 Title: president			