No. C 156521	Reinstatement Annual Report Form ADMIN DISSOLVED 12/17/2013	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.** CHILDREN'S FREE DENTAL CLINIC, INCORPORATED JOHN S KRIZ 2976 E. STATE ST STE 120-53 EAGLE ID 83616	ERIC L HAFF 200 N. 4TH SUITE 200 BOISE ID 83701
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	Dr. John S. Kriz	5543 W School Ridge	Boise	Id	Ada	83714
Secretary	Dr. Jill Wagers	7235 W. Emerald	Boise	Id	Ada	83704
Treasurer	Jerry Davis	13376 N. 3rd Ave	Boise	Id	Ada	83714
Director	Donna Johnson	~~[illegible]~~ 2976 E. State St. #120-53	Eagle	Id	Ada	83616

5. Organized Under the Laws of:	6. Signature: John S. Kriz D.D.S	Date: 4-18-16
IDAHO C 156521	Name (type or print): John S. Kriz D.D.S.	Title: D.D.S

Issued 12/19/2013 by KAH