

SENT BY: DILLION BOSCH;
SENT BY: IDAHO SEC OF STATE;

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JUN-27-01 11:24AM;
JUN-27-01 9:05AM; PAGE 2/2

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REINSTATEMENT

No. W 11188		Annual Report Form ADMIN DISSOLVED 08/07/2001		2. Registered Agent and Office NOT A P.O. BOX ROBERT L DROZDA 1401 SHORELINE DR STE 2- 225 N. 9th, Suite 210 BOISE, ID 83702	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00		CHILDREN'S DENTISTRY, PLLC 349 W. IOWA 440 SHORELINE DR STE 2 225 N. 9th Ave Suite 210 BOISE, ID 83702 NAM/A, ID 83686		3. New registered agent signature	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)					
Office held		Name		City	State
Owner		KEVIN KIZER, DDS		BOISE	ID
		4634 N SYRACUSE PL.			93713
5. Organized under the laws of: IDAHO W 11188		Signature  Name KEVIN KIZER, DDS		Date 6-27-01 Title OWNER/MEMBER	

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