

No. W 50206 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012 1. Mailing Address: Correct in this box if needed. VORMANEY, LLC MICHAEL M CAMMANN 780 W CHERRY LANE MERIDIAN ID 83642	2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL M CAMMANN 1945 S CANONERO WAY BOISE ID 83709 3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 35%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>MICHAEL M. CAMMANN D.H.P.P.A.</td> <td>780 W. CHERRY LN.</td> <td>BOISE</td> <td>ID.</td> <td>USA</td> <td>83642</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JOHN W. CAMMANN D.H.P.P.A.</td> <td>" " " "</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JEFFREY C. LAHEY D.D.S.P.A.</td> <td>" " " "</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>ANDREW A. REED D.P.S.P.A.</td> <td>" " " "</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MICHAEL M. CAMMANN D.H.P.P.A.	780 W. CHERRY LN.	BOISE	ID.	USA	83642	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JOHN W. CAMMANN D.H.P.P.A.	" " " "	"	"	"	"	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JEFFREY C. LAHEY D.D.S.P.A.	" " " "	"	"	"	"	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	ANDREW A. REED D.P.S.P.A.	" " " "	"	"	"	"
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 50206</div>	6. Signature: <u><i>Dr. Michael M. Cammann</i></u> Date: <u>4/08/2013</u> Name (type or print): <u>MICHAEL M. CAMMANN</u> Title: <u>MANAGER</u>																																				

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