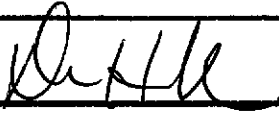


No. C 138871		Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) ROBBIE HAMBLIN 351 W IOWA AVE NAMPA ID 83686	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. BROOKSIDE DENTAL, P.C. DAWN C HAMBLIN 351 W IOWA AVE NAMPA ID 83686 USA		3. New Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
President	Robbie Hamblin	565 Bayhill Dr.	Nampa	IA	USA 83686
Sec.	Dawn Hamblin	565 Bayhill Dr.	Nampa	ID	USA 83686
5. Organized Under the Laws of:		6.			
IDAHO C 138871		Signature: 		Date: 8/17/10	
		Name (type or print): Dawn Hamblin		Title: 8/17/10	
Issued 08/17/2010 by KAH					