| No. C 138871 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 08/05/2010 | 2. Registered Agent and Office **(NOT A P.O. BOX)**<br>ROBBIE HAMBLIN<br>351 W IOWA AVE<br>NAMPA ID 83686 |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | **1. Mailing Address: Correct in this box if needed.**<br>BROOKSIDE DENTAL, P.C.<br>DAWN C HAMBLIN<br>351 W IOWA AVE<br>NAMPA ID 83686<br>USA | 3. New Registered Agent Signature. |
| **REINSTATEMENT**<br>**FEE DUE: $30.00** | | |

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 Bagwell Dr. | Nampa | ID | USA | 83686 |
| Sec. | Dawn Hamblin | 565 Bagwell Dr. | Nampa | ID | USA | 83686 |

5. Organized Under the Laws of:

IDAHO
C 138871

6.

Signature: [signature] Date: 8/17/10

Name (type or print): Dawn Hamblin Title: 8/17/10

Issued 08/17/2010 by KAH