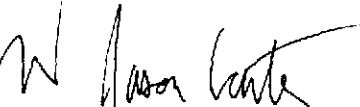


|   |  |   |  |
|---|--|---|--|
| No. <b>C 174704</b>   | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 11/17/2015</b>   |   | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>W JASON CARTER<br><del>823 W. WATERSFORD DR.</del><br><del>EAGLE ID 83616</del><br>3675 W. Gold Fork Dr.<br>Eagle, ID 83616 |
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b> | 1. <b>Mailing Address: Correct in this box if needed.</b><br>OUR TOWN COMPLETE FAMILY DENTISTRY, PA<br>W JASON CARTER<br><del>823 W. WATERSFORD DR.</del> 3675 W. Gold Fork Dr.<br><del>EAGLE ID 83616</del> Eagle, ID 83616 |   | 3. <u>New</u> Registered Agent Signature.  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.                                       |  |   |  |
| <b>Office Held</b>  | <b>Name</b>  | <b>Street or PO Address</b>   | <b>City State Country Postal Code</b>  |
| President   | W. Jason Carter  | 3675 W. Gold Fork Dr.   | Eagle ID USA 83616   |
|   |  |   |  |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b><br/> <b>C 174704</b> </div>                 |  | 6. Signature: <br><hr/> Name (type or print):<br>W. Jason Carter |  |
|   |  | Date: <u>2-10-16</u><br><hr/> Title:<br>President   |  |
| Issued 12/29/2015 by online   |  |   |  |

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM