

293

FILED EFFECTIVE

No. C 59483	Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) JAMES K POULSEN 1453 WEST HAYS ST BOISE ID 83702	
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. JAMES K. POULSEN, D.D.S., M.S., P.A. GREGORY J SCHADE 1453 WEST HAYS ST. BOISE ID 83702		3. New Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.				
Office Held President Vice Pres.	Name James Poulsen Rebecca J. Poulsen	Street or PO Address 1453 W. HAYS "	City BOISE "	State Country Postal Code ID " 83702
5. Organized Under the Laws of: 6.				
IDAHO C 59483		Signature: <u>Rebecca J. Poulsen</u> Name (type or print): <u>Rebecca J. Poulsen</u>	Date: <u>4-14-10</u> Title: <u>V.P.</u>	
Issued 04/19/2010 by KAH				