No. C 120151	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012	2. Registered Agent and Office **(NOT A P.O. BOX)** MARLEEN THOMASON 1415 FILLMORE ST STE 702 TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** STERLING DENTAL, INC. MARLEEN THOMASON 1415 FILLMORE ST STE 702 TWIN FALLS ID 83301	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	MARLEEN THOMASON	1415 Fillmore	Twin Falls	ID	Twin Falls	83301

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO C 120151	Marleen Thomason	12/6/12
	Name (type or print): MARLEEN THOMASON	Title: PRESIDENT

Issued 12/06/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM