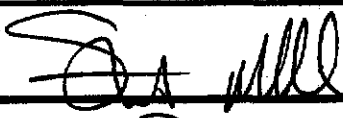
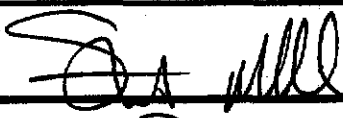
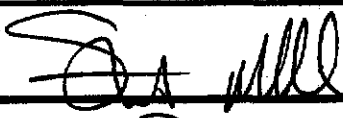


No. C 167701	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) STUART MARSHALL 180 S MAIN ST STE B2 DRIGGS ID 83422																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		3. New Registered Agent Signature.																						
	COTTONWOOD DENTAL CARE PA 180 S MAIN ST STE B2 DRIGGS ID 83422																								
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>President/owner</td><td>Stuart Marshall</td><td>180 S Main St B2</td><td>Driggs</td><td>ID</td><td>USA</td><td>83422</td></tr><tr><td>Secretary</td><td>Camille Marshall</td><td>180 S Main St B2</td><td>Driggs</td><td>ID</td><td>USA</td><td>83422</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President/owner	Stuart Marshall	180 S Main St B2	Driggs	ID	USA	83422	Secretary	Camille Marshall	180 S Main St B2	Driggs	ID	USA	83422
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5. Organized Under the Laws of: IDAHO C 167701	6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>9/17/09</td></tr><tr><td>Name (type or print):</td><td>Stuart Marshall</td><td>Title:</td><td>Owner</td></tr></table>				Signature:		Date:	9/17/09	Name (type or print):	Stuart Marshall	Title:	Owner													
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Issued 09/14/2009 by SL1																									