## FILED EFFECTIVE

## REINSTATEMENT

FILED		
	Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
No. W 11188	Annual Report Form ADMIN DISSOLVED 05/06/2004	ROBERT L DROZDA
Return to:	Mailing Address - Correct in this box if applicable	1471 SHORELINE DR STE 100
SECRETARY OF STATE 700 WEST JEFFERSON	CHILDREN'S DENTISTRY, PLLC	BOISE, ID 83702
PO BOX 83720 BOISE, ID 83720-0080	349 W IOWA AVE	New registered agent signature
FEE DUE \$30.00	NAMPA, ID 83686	
Office held Name  Name  Kevi  Co-Owner Tabi d	Street or P.O. Address  Nizer 349 West Iowa Aw than Kizer	DATE STATE
5. Organized under the laws of: IDAHO	6. Signature Job. Markin	Date 5-11-04
W 11188	Name (Typed or Jabi Ha Kize.	Title LD · DW NOV