







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney REINSTATEMENT ANNUAL REPORT (ALL DOMESTIC

**ENTITIES)** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$30.00 - Make Checks Payable to Secretary of State

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Reinstatement Annual Report Form Current Entity Name			FAMILY DENTAL HEALTH CENTER, PLLC			
The file number of this entity on the records of the Idaho Secretary of State is:		·				
Organized under the laws of:		IDAHO				
	ange Entity Name: Do not change the entity name					
The	e registered agent on record is:					
F	Registered Agent		RYAN B MEIKLE Pagintaryal Agant			
			Registered Agent Physical Address			
			1000 RIVERWALK DR STE 200 IDAHO FALLS, ID 83402			
			Mailing Address			
The	e name and street address of the new registered agent and office in Idah	no is:				
F	Registered Agent		Registered Agent			
		Bryce A. Burtenshaw Physical Address:				
		Physical Address: 1544 DELMAR CIRCLE				
			IDAHO FALLS, ID 83404			
				Mailing Address: 1544 DELMAR CIR		
		IDAHO FALLS, ID 83404-7400				
Signature of newly appointed agent						
I declare that the newly appointed agent is the person electronically filing this annual report and will electronically sign both as agent and as filer.						
Bryce Burtenshaw 02/14/2019						
Sign Here Date						
•	Signer's Title: Bryce Burtenshaw					
The	e mailing address of the corporation is:					
	1544 DELMAR CIR DAHO FALLS, ID 83404-7400					
Lim	nited Liability Company Managers and Members					
	Name	т	- Itle	Address		
	BRYCE BURTENSHAW	Manager		1544 DELMAR CIRCLE IDAHO FALLS, ID 83404		
	BRYCE A BURTENSHAW	Member		200 N WOODRUFF AVE IDAHO FALLS, ID 83401		

Member

200 N WOODRUFF AVE IDAHO FALLS, ID 83401

**GALEN J STALEY** 



The Application for Reinstatement must be signed by at least one governor.						
Bryce Burtenshaw		02/14/2019				
Sign Here		Date				
Signer's Title:	Manager					