

No. W 44827	Reinstatement Annual Report Form ADMIN DISSOLVED 02/05/2009		2. Registered Agent and Office (NOT A P.O. BOX) KENNETH W WHITMIRE 5156 S COUNCIL BLUFFS WAY BOISE ID 83716														
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. NORTHWEST DENTAL SERVICE LLC KENNETH W WHITMIRE 5156 S COUNCIL BLUFFS WAY BOISE ID 83716		3. New Registered Agent Signature.														
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <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>owner</td><td>Kenneth Whitmire</td><td>5156 S Council Bluffs</td><td>Boise</td><td>Id</td><td>US</td><td>83716</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	owner	Kenneth Whitmire	5156 S Council Bluffs	Boise	Id	US
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
owner	Kenneth Whitmire	5156 S Council Bluffs	Boise	Id	US	83716											
5. Organized Under the Laws of: IDAHO W 44827	6. <table><tr><td>Signature:</td><td></td><td>Date:</td><td>4/8/09</td></tr><tr><td>Name (type or print):</td><td>Kenneth W. Whitmire</td><td>Title:</td><td>4/8/09</td></tr></table>				Signature:		Date:	4/8/09	Name (type or print):	Kenneth W. Whitmire	Title:	4/8/09					
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