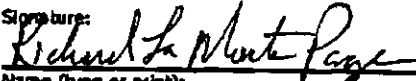


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No. C 144102		Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) MONTE PAGE 3737 AUGUSTA DR 981 Sagenwood Place POCATELLO ID 83201															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MONTE PAGE FAMILY DENTISTRY, DMD, P.A. MONTE PAGE 3737 AUGUSTA DR 981 Sagenwood Place POCATELLO ID 83201 83201		3. New Registered Agent Signature.															
REINSTATEMENT FEE DUE: \$30.00																			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <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</td><td>Richard LaMonte Page</td><td>981 Sagenwood Place</td><td>Pocatello</td><td>ID</td><td></td><td>83201</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Richard LaMonte Page	981 Sagenwood Place	Pocatello	ID		83201
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
President	Richard LaMonte Page	981 Sagenwood Place	Pocatello	ID		83201													
5. Organized Under the Laws of: IDAHO C 144102		6. Signature:  Name (type or print): Richard LaMonte Page Date: 6/3/2013 Title: President																	

Issued 05/31/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM