No. C 144102	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2009	2. Registered Agent and Office (NOT A P.O. BOX)
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 ~~9737 AUGUSTA DR~~ 981 Sagewood Place POCATELLO ID ~~83201~~ 83201	MONTE PAGE ~~9737 AUGUSTA~~ 981 Sagewood Place POCATELLO ID 83201
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Richard LaMonte Page	981 Sagewood Place	Pocatello	ID		83201

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO C 144102	Richard LaMonte Page	6/3/2013
	Name (type or print): Richard LaMonte Page	Title: President

Issued 05/31/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM