**FILED EFFECTIVE**

| No. C 112407 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 01/05/2010 | 2. Registered Agent and Office (NOT A P.O. BOX)<br>ROBERT O STEVENS<br>9460 WEST FRANKLIN RD<br>BOISE ID 83709 |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed.<br>BETHEL DENTAL GROUP, P.A.<br>ROBERT O STEVENS<br>9460 WEST FRANKLIN RD<br>BOISE ID 83709 | 3. New Registered Agent Signature. |
| REINSTATEMENT<br>FEE DUE: $30.00 | | |

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| Pres | Robert Stevens | 3517 Hillcrest Dr. | Boise | Id | USA | 83705 |
| Sec | Maureen Stevens | 3517 Hillcrest Dr. | Boise | Id | USA | 83705 |

5. Organized Under the Laws of:

IDAHO
C 112407

6.

Signature: Robert O Stevens Date: 1/19/10

Name (type or print): Robert O Stevens Title: Pres.

Issued 01/19/2010 by CLH