

No. W 67414	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2011		2. Registered Agent and Office (NOT A P.O. BOX) JED C SNOW 304 SOUTH MAIN MACKAY ID 83251														
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. O-BAR FAMILY DENTAL PLLC JED C SNOW 304 SOUTH MAIN MACKAY ID 83251 USA		3. New Registered Agent Signature.														
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</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>☒ Manager Member (circle one)</td><td>Jed C Snow</td><td>PO Box 73</td><td>Mackay</td><td>ID</td><td>US</td><td>83251</td></tr></tbody></table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	☒ Manager Member (circle one)	Jed C Snow	PO Box 73	Mackay	ID	US
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code											
☒ Manager Member (circle one)	Jed C Snow	PO Box 73	Mackay	ID	US	83251											
5. Organized Under the Laws of: IDAHO W 67414	6. <table border="1"><tr><td>Signature: </td><td>Date: 6/16/11</td></tr><tr><td>Name (type or print): Jed C Snow</td><td>Title: Manager</td></tr></table>				Signature: 	Date: 6/16/11	Name (type or print): Jed C Snow	Title: Manager									
Signature: 	Date: 6/16/11																
Name (type or print): Jed C Snow	Title: Manager																
Issued 05/26/2011 by CLH																	