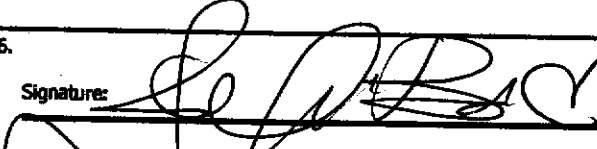
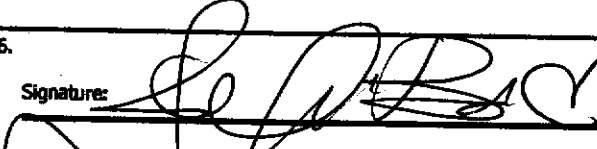
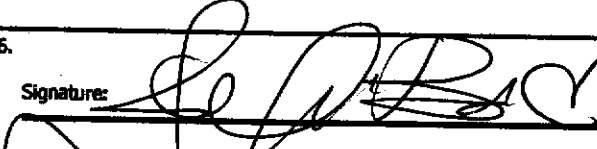


No. W 76448	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) JENNIFER BOND 382 OLIVEWOOD PL JEROME ID 83338														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CF DENTAL GROUP, L.L.C. JENNIFER L BOND 382 OLIVEWOOD PL 137 East main JEROME ID 83338		3. New Registered Agent Signature.														
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Manager/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>mgr/mbr</td><td>Jennifer L. Bond</td><td>382 Olive wood Pl</td><td>Jerome</td><td>Id</td><td>Jerome</td><td>83338</td></tr></tbody></table>				Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code	mgr/mbr	Jennifer L. Bond	382 Olive wood Pl	Jerome	Id	Jerome
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code											
mgr/mbr	Jennifer L. Bond	382 Olive wood Pl	Jerome	Id	Jerome	83338											
5. Organized Under the Laws of: IDAHO W 76448	6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>10/27/10</td></tr><tr><td>Name (type or print):</td><td>Jennifer L. Bond</td><td>Title:</td><td>mgr/mbr</td></tr></table>					Signature:		Date:	10/27/10	Name (type or print):	Jennifer L. Bond	Title:	mgr/mbr				
Signature:		Date:	10/27/10														
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Issued 10/27/2010 by CLH																	