


No. W 15691	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ASPEN DENTAL, PLLC 1105 3RD AVE N PAYETTE ID 83661		JUSTIN CRAIG SMITH 1105 3RD AVE NORTH PAYETTE ID 83661	
			3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
Chairman	Justin Smith	4454 Englemet	Payette	ID USA 83619
Secretary	Amy Smith	4454 Englemet	Payette	ID USA 83619
5. Organized Under the Laws of: 6.				
IDAHO W 15691		Signature: 		Date: 9-21-09
		Name (type or print): Justin Smith		Title: Chairman
Issued 09/15/2009 by SLD				