

No. <b>W 34709</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/08/2012</b>		2. Registered Agent and Office (NOT A P.O. BOX) <b>CRAIG RENCHER</b> <b>247 RIVER VISTA PLACE STE #200</b> <b>TWIN FALLS ID 83301</b>	
Return to: <b>SECRETARY OF STATE</b> <b>450 N 4th STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>		1. Mailing Address: Correct in this box if needed.  <b>ADVANCED DENTAL CARE OF TWIN FALLS, LLC</b> <b>CRAIG RENCHER</b> <b>247 RIVER VISTA PLACE STE #200</b> <b>TWIN FALLS ID 83301</b>		3. New Registered Agent Signature.	
<b>REINSTATEMENT FEE DUE: \$30.00</b>					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member	Name	Street or PO Address	City	State	Country Postal Code
Manager Member (circle one)	<u>CRAIG RENCHER</u>	1148 HARMONY	TWIN FALLS	ID	USA 83301
5. Organized Under the Laws of  <b>IDAHO</b> <b>W 34709</b>		6. Signature: <u>Craig Rencher</u> Name (type or print): <u>CRAIG RENCHER</u>		Date: <u>3/06/12</u> Title: <u>member</u> <u>MANAGER</u>	
Issued 03/06/2012 by CLH					

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Circle either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.