


No. C 113282	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) JOHN SANDER 253 FIFTH AVE N TWIN FALLS ID 83301														
X 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. MAGIC VALLEY DENTURE CENTER, INC. JOHN SANDER 253 FIFTH AVE N TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</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>President</td> <td>John Sander</td> <td>253 Fifth Ave N</td> <td>TWIN FALLS</td> <td>ID</td> <td></td> <td>83301</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	John Sander	253 Fifth Ave N	TWIN FALLS	ID		83301
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	John Sander	253 Fifth Ave N	TWIN FALLS	ID		83301											
5. Organized Under the Laws of: IDAHO C 113282	6. Signature:  <hr/> Name (type or print): <u>John Sander</u>		Date: <u>5-2-16</u> <hr/> Title: <u>President</u>														
Issued 05/02/2016 by online																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM