

No. C 118459	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017		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	1. Mailing Address: Correct in this box if needed. ROBERT H. HARRISON, D.D.S., P.A. ROBERT H. HARRISON 1575 ONTARIO 530 S. Florence SANDPOINT ID 83864		ROBERT H HARRISON DDS 1575 ONTARIO 530 S. Florence SANDPOINT ID 83864																					
REINSTATEMENT FEE DUE: \$30.00			3. New 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>Robert Harrison</td> <td>530 S. Florence</td> <td>Sandpoint ID</td> <td>USA</td> <td></td> <td>83864</td> </tr> <tr> <td>SECRETARY</td> <td>Iris Harrison</td> <td>530 S. Florence</td> <td>Sandpoint ID</td> <td>USA</td> <td></td> <td>83864</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	Robert Harrison	530 S. Florence	Sandpoint ID	USA		83864	SECRETARY	Iris Harrison	530 S. Florence	Sandpoint ID	USA		83864
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SECRETARY	Iris Harrison	530 S. Florence	Sandpoint ID	USA		83864																		
5. Organized Under the Laws of: IDAHO C 118459	6. Signature: <u>Robert H. Harrison</u> Date: <u>2/20/18</u> Name (type or print): <u>Robert H. Harrison</u> Title: <u>President</u>																							

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM