

REINSTATEMENT

Annual Report Form ADMIN DISSOLVED 12/09/2005		2. Registered Agent and Office NOT A P.O. BOX	
No. C 145488	1. Mailing Address - Correct in this box, if applicable ALL ABOUT YOU DENTAL, P.C. 6019 N EAGLE RD BOISE, ID 83713	TAYLOR C CLARK DDS 6023 N EAGLE RD BOISE, ID 83713	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	3. <u>New</u> registered agent signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u> President Secretary		<u>Name</u> Taylor C. Clark Jannie M. Clark	<u>Street or P.O. Address</u> 6019 N Eagle Rd 6019 N Eagle Rd
		<u>City</u> Boise Boise	<u>State</u> ID ID
			<u>Zip</u> 83713 83713
5. Organized under the laws of: IDAHO C 145488		6. Signature <u>Taylor C. Clark</u> Name (Typed or Printed) <u>Taylor C Clark</u>	Date <u>12/30/05</u> Title <u>President</u>

SECRETARY OF STATE
2006 JAN -3 AM 9:36