

No. C 161628	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		2. Registered Agent and Office (NOT A P.O. BOX) SHAUN CHRISTENSEN 155 S. MIDLAND BLVD. NAMPA ID 83686																					
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. SHAUN CHRISTENSEN, D.M.D., P.C. SHAUN CHRISTENSEN 155 S MIDLAND BLVD NAMPA ID 83686																							
		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>owner</td> <td>Shaun Christensen</td> <td>155 S. Midland Blvd.</td> <td>Nampa, ID</td> <td></td> <td></td> <td>83686</td> </tr> <tr> <td>secretary</td> <td>Ann Christensen</td> <td>3452 S. Green Basin Way</td> <td>Nampa, ID</td> <td></td> <td></td> <td>83686</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	owner	Shaun Christensen	155 S. Midland Blvd.	Nampa, ID			83686	secretary	Ann Christensen	3452 S. Green Basin Way	Nampa, ID			83686
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5. Organized Under the Laws of: IDAHO C 161628		6. Signature: <u>Shaun Christensen DMD</u> Date: <u>11/08/17</u> Name (type or print): <u>Shaun Christensen DMD</u> Title: <u>owner/dentist</u>																						

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