

No. **W 79965****Reinstatement Annual Report Form  
ADMIN DISSOLVED 03/21/2017**2. Registered Agent and Office  
**(NOT A P.O. BOX)**KORY J WILSON D.D.S.  
1683 E MILES AVE  
HAYDEN LAKE ID 83835

Return to:

SECRETARY OF STATE  
450 N 4th STREET  
PO BOX 83720  
BOISE, ID 83720-00801. **Mailing Address: Correct in this box if needed.**WILSON, D.D.S., L.L.C.  
KORY J WILSON  
1683 E MILES AVE  
HAYDEN LAKE ID 838353. New Registered Agent Signature.**REINSTATEMENT FEE****DUE: \$30.00**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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kory J Wilson	1683 E. Miles Ave	Hayden Lake,	ID		83835
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

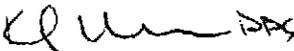
5. Organized Under the Laws of:

**IDAHO  
W 79965**

6.

Signature:

Name (type or print):

  
 Kory J. Wilson

Date: 3/28/2017

Title:

OWNER