


No. <b>C 206866</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/30/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DAVID WELTON 5082 E SHORE COVE POST FALLS ID 83854														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> WOODLAND FAMILY DENTAL PC DAVID WELTON 1100 E POLSTON AVENUE POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature.														
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>																	
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>CEO</td> <td>DAVID WELTON</td> <td>1100 E Polston Ave</td> <td>Post Falls</td> <td>ID</td> <td>US</td> <td>83854</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	CEO	DAVID WELTON	1100 E Polston Ave	Post Falls	ID	US	83854
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
CEO	DAVID WELTON	1100 E Polston Ave	Post Falls	ID	US	83854											
5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 206866</b>	6. Signature:  Name (type or print): <u>David Welton</u>			Date: <u>12-08-17</u> Title: <u>DPS, Business Owner</u>													
Issued 12/08/2017 by online																	

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**