


No. W 28223	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) TODD K WALKER DDS 7723 W RIVERSIDE DR BOISE ID 83714	
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. RIVER CITY DENTAL, PLLC TODD K WALKER 7723 W RIVERSIDE DR BOISE ID 83714 USA	
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager or Member	Name	Street or PO Address	City	State
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Todd K Walker DDS PC	7723 W. Riverside Dr.		
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Boise, ID 83714			
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:	6.			
IDAHO W 28223	Signature:			Date:
Name (type or print):	Todd K. Walker		28 OCT 14	Title:
Manager				
Issued 10/28/2014 by online				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM