


No. <b>W 107893</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JONATHAN W BAUTER DDS 2635 E PARKRIVER DR BOISE ID 83706																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> JONATHAN W. BAUTER, D.D.S., PLLC JONATHAN W BAUTER 2635 E PARKRIVER DR BOISE ID 83706		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JONATHAN BAUTER</td> <td>2635 E PARKRIVER DR</td> <td>BOISE</td> <td>ID</td> <td>USA</td> <td>85706</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JONATHAN BAUTER	2635 E PARKRIVER DR	BOISE	ID	USA	85706	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 107893</b> </div>	6. Signature:  <hr/> Name (type or print): <u>JONATHAN BAUTER</u> <hr/> Date: <u>3/30/15</u> <hr/> Title: <u>OWNER</u>																																					
Issued 03/30/2015 by online																																						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM