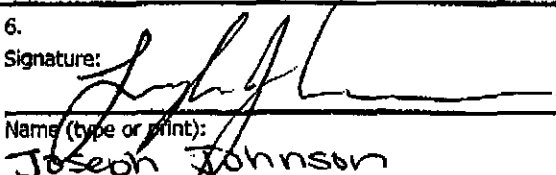


W 91309

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<b>No. W 91309</b>		<b>Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) JOSEPH JOHNSON 573A LUPINE ST PONDERAY ID 83852	
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. ASPIRE DENTAL, PLLC JOSEPH JOHNSON 30336 HIGHWAY 200, SUITE A PONDERAY ID 83852 USA		3. <u>New</u> Registered Agent Signature.	
<b>REINSTATEMENT FEE DUE: \$30.00</b>					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
<b>Manager or Member</b>		<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Joseph Johnson	30336 Hwy 200 Ste A		Ponderay ID 83852
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:		6. Signature:		Date:	
IDAHO W 91309				6/22/15	
		Name (type or print): Joseph Johnson		Title: Manager	
Issued 06/22/2015 by online					

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office must be a business address in Idaho, not a Post Office Box or Personal Mail Box.