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Notice of
Corporate
Diss.

3/3/11

Dx

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of ISOLA IMPLANTS, INC.

DOCUMENT NUMBER: _____

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Sigler

(Name of Contact Person)

Husch Blackwell LLP

(Firm/Company)

4801 Main St., Suite 1000

(Address)

Kansas City, MO 64112

(City/State and Zip Code)

For further information concerning this matter, please call:

April Sigler

(Name of Contact Person)

at (816)

983-8655

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of corporation: ISOLA IMPLANTS, INC.

The date of dissolution of the corporation was September 8, 2010.

Description of information that must be included in a claim:

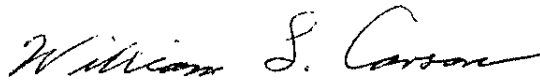
Any person with a claim against Isola Implants, Inc. is requested to submit such claim in writing to the corporation at the mailing address set forth below. Any such written claim must contain the following information: (i) the full name and address of the person making the claim; (ii) a complete description of the claim, including the amount claimed to be due, and all facts and circumstances upon which the claim is based; (iii) any written evidence supporting the claim, including (if the claim is for breach of contract) a complete, signed copy of any contract or agreement under which the claim is being asserted; and (iv) any other information necessary in order to establish the validity and amount of the claim.

Mailing address where claims can be sent:

William L. Carson
2111 Fairmont
Columbia, MO 65203-1563

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

William L. Carson,
President, Isola Implants, Inc.
(Printed Name of
the Person Filing)



(Signature of the Person Filing)

FILED
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