No. <b>C 173487</b>		Du	2. Registered Age	Registered Agent and Address (NO PO BOX)  TYLER JOHN HARRINGTON 615 W NORTH ST GRANGEVILLE ID 83530  3. New Registered Agent Signature:*				
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MOUNTAIN VIEW DENTISTRY, P.C.  ASHLEE BEHLER  615 W NORTH ST  GRANGEVILLE ID 83530  USA						GRANGEVILLE
NO FILING FEE IF RECEIVED BY DUE DATE								3. <u>New</u> Registere
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR PRESIDENT SECRETARY	RESIDENT TYLER J HARRINGTON		615 W. NORTH ST 615 W. NORTH ST 615 W. NORTH ST	GRANGEVILLE GRANGEVILLE GRANGEVILLE	ID ID ID	USA USA USA	83530 83530 83530	
5. Organized Under the Laws of:  ID  C 173487		6. Annual Report must be signed.* Signature: Ashlee Behler Name (type or print): Ashlee Behler			Date: 04,			
Processed 04/15/2011		* Electronically p	ovided signatures are accepted as origina	al signatures.				